2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90442 039 ****61.25

DOCUMENT # N46767

1. Entity Name

SECOND CHANCE OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
222 E BEACH DR PANAMA CITY FL 32401	222 E BEACH DR PANAMA CITY FL 32401

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 16012 Suite, Apt. #, etc.	
City & State		City & State Panama City, FL	
Zip	Country	Zip 32406	Country USA

4. FEI Number 59-3094842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARRINER, CLELL
608 EAST 6TH COURT
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name: FRENCH, NITA
Street Address (P.O. Box Number is Not Acceptable): 2815 LONGLEAF RD
City: PANAMA CITY **FL** Zip Code: 32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nita French 4/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/President FRENCH, NITA 2815 LONGLEAF RD PANAMA CITY, FL 32405	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, KENNETH V 241 HIGH THOMAS DR PANAMA CITY FL 32404	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/Treasurer KENNEDY, SANDY 708 MONTY CIR PANAMA CITY, FL 32405	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED KATHY, MEADE 1110 BRADLEY CIR LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec Director MEADE, KATHY 1110 BRADLEY CIR LYNN HAVEN, FL 32444	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/Vice-President MORDEN, SHERL 4502 BROOK FOREST DR PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/Secretary WIGGIN, PEGGY 1707 LAKE DR PANAMA CITY, FL 32401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Meade 4/15/05 (850)769-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #