

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 010 ****70.00

DOCUMENT # N46767 1. Entity Name SECOND CHANCE OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 222 E BEACH DR PANAMA CITY, FL 32401			Mailing Address P.O. BOX 16012 PANAMA CITY, FL 32406		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3094842	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRENCH, NITA 2815 LONGLEAF ROAD PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Wiggin, Peggy Street Address (P.O. Box Number is Not Acceptable) 1707 Lake Dr City Panama City FL Zip Code 32401	
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 <u>Peggy E. Wiggin</u> Peggy Wiggin, President <u>03/20/2006</u> Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 FRENCH, NITA 2815 LONGLEAF ROAD PANAMA CITY, FL 32405	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary French, Nita
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNEDY, SANDY 708 MONTY CIRCLE PANAMA CITY, FL 32405	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, KATHY 1110 BRADLEY CIRCLE LYNN HAVEN, FL 32444	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORDEN, SHERL 4502 BROOK FOREST DRIVE PANAMA CITY, FL 32404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WIGGIN, PEGGY 1707 LAKE DRIVE PANAMA CITY, FL 32401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Wiggin, Peggy
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kathy Meade</u> Kathy Meade			<u>4/20/06</u> (850) 769-7779		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		