2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N46767

Entity Name: SECOND CHANCE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

222 E BEACH DR
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16012
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3094842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRYAN, ROBERT
2113 WESTOVER CIR
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

MORDEN, SHERL
4502 BROOK FOREST DRIVE
PANAMA CITY, FL 32404 US

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.

SIGNATURE: SHERL MORDEN 02/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: FRENCH, NITA
Address: 2815 LONGLEAF ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: DT ( ) Delete
Name: KENNEDY, SANDY
Address: 708 MONTY CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: ED ( ) Delete
Name: KATHY, MEADE
Address: 1110 BRADLEY CIR
City-St-Zip: LYNN HAVEN, FL 32444

Title: DVP ( ) Delete
Name: MORDEN, SHERL
Address: 4502 BROOK FOREST DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: DP ( ) Delete
Name: BRYAN, ROBERT
Address: 2113 WESTOVER CIR
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change ( ) Addition
Name: MORDEN, SHERL
Address: 4502 BROOK FOREST DRIVE
City-St-Zip: PANANA CITY, FL 32404

Title: DP (X) Change ( ) Addition
Name: MORDEN, SHERL
Address: 4502 BROOK FOREST DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: DC (X) Change ( ) Addition
Name: BRYAN, ROBERT
Address: 2113 WESTOVER CIR
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Change (X) Addition
Name: RENNSPIES, MONICA
Address: 2718 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN,, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY KENNEDY DT 02/12/2009
Electronic Signature of Signing Officer or Director Date