FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002636 (9)

1. Corporation Name

GIVE THEM A SECOND CHANCE, INC.

Principal Place of Business	Mailing Address
309 NW 95TH AVENUE PLANTATION FL 33324	309 NW 95TH AVENUE PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0444280 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 9715 W. BROWARD BLVD	26 6521 E. TROPICAL WAY
Suite, Apt. #, etc. 22 240	Suite, Apt. #, etc. 27
City & State 23 PLANTATION, FL	City & State 28 PLANTATION, FL
Zip 24 33317	Zip 29 33317
County 25 BROWARD	County 30 BROWARD

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLVINALE, SHERRY L 309 NW 95TH AVENUE PLANATATION FL 33324	31 Name: SHERRY L. NOREM 32 Street Address (P.O. Box Number is Not Acceptable): 6521 E. TROPICAL WAY 33 34 City: PLANTATION FL 35 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sherry L. Norem, Treasurer SHERRY L. NOREM, TREASURER 2/27/95
(If you are typing or printing the name of registered agent and his signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	POLVINALE, SHERRY L	12 NAME	VANETVELDT, DEBORAH M.
STREET ADDRESS	309 NW 95TH AVENUE	13 STREET ADDRESS	6326 DEWEY ST.
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	HWD, FL 33023
TITLE	VD	21 TITLE	☐ Change ☒ Addition VD
NAME	VANETRELDT, DEBORAH M	22 NAME	TONI BROWN
STREET ADDRESS	6326 DEWEY ST.	23 STREET ADDRESS	11881 N.W. 2 ST.
CITY-ST-ZIP	HWD FL	24 CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	NOREM, SHERRY	32 NAME	
STREET ADDRESS	912 PINE RIDGE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Sherry L. Norem SHERRY L. NOREM, TREAS/DIRECTOR 2/27/95 (305) 584-6384
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

6047748