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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000005100 (2)

1. Corporation Name

SECOND CHANCE MINISTRIES, INC.



Principal Place of Business

Mailing Address

7651-A ASHLEY PARK CT  
SUITE 402  
ORLANDO FL 32835

P O BOX 617095  
ORLANDO FL 32861

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7749 Minnie Rouse Ln.

26

4. FEI Number

59-3274757

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

24 Zip 32835

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYRICK, BRUCE  
7651-A ASHLEY PARK CT  
SUITE 402  
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7749 Minnie Rouse Ln.

83

84 City

Orlando

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D  
FREEMAN, HOBY  
7651-A ASHLEY PARK CT SUITE 402  
ORLANDO FL 32835

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D  
MYRICK, BRUCE  
7651-A ASHLEY PARK CT SUITE 402  
ORLANDO FL 32835

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D  
FAIRBROTHER, LARRY  
7651-A ASHLEY PARK CT SUITE 402  
ORLANDO FL 32835

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7749 Minnie Rouse Ln.  
Orlando, FL 32835

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

7749 Minnie Rouse Ln.  
Orlando, FL 32835

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

7749 Minnie Rouse Ln.  
Orlando, FL 32835

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D  
Ben Kannerly  
7749 Minnie Rouse Ln.  
Orlando, FL 32835

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Bruce C. Myrick, Bruce C. Myrick 5/1/96 (407)292-9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)