FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

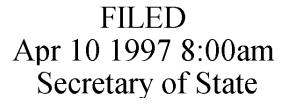
Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005100 (2) 1. Corporation Namo

SECOND CHANCE MINISTRIES, INC.





Principal Place of Business Mailing Address					F 14034401 014 10111 01011 80111 04111 00111 00111 00111 00111 10111 10111 10111 10111 10111 10111 10111 10111	
7749 MINNIE ROUSE LN ORLANDO FL 32835		P O BOX 617095 ORLANDO FL 32861-7095				
US		O(11.51.00) E 02.00 (10.00				["
					3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 07/03/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3274757	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Coul	ntru	Trust Fund Contribution	Added to Fees
24	25	29	30	шу	This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes 🔲 No
24	9, Name and Address of Curren		[30]		10. Name and Address of New Reg	
			-	B1 Name		3
MYRICK, BRUCE				80 Divid Address (D.O. Desk) and the six blad described		
7749 MINIE ROUSE LN			1	B2 Stree	t Address (P.O. Box Number is Not Acceptabl	9)
ORLANDO FL 32835			ŀ	B3		
0110310	70 12 02000				·	
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the ab	ove-name	d corporation submits this statement for the pu	
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 agont, 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 Signalure, typed or printed hank of registered agent and title if applicable. (NOIE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ABent albusto	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 111	LE	D	Change Addition
NAME	FREEMAN, HOBY	•	1.2 NA	ME		i N
STREET ADDRESS 7749 MINNIE ROUSE LN			1.3 STREET ADDRESS		MYRICK, CAROL 1749 Minnie Rouse	Lase
CITY-ST-ZIP	ORLANDO FL 32835		1,4 CIT	Y-ST-ZIP	Orlando, FL 3243	5
TITLE	D	☐ DELETE	2.1 7()			Change Addition
NAME	MYRICK, BRUCE		2.2 NAI	ME		
STREET ADDRESS	7749 MINNIE ROUSE LN		2.3 STF	REE1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CF	Y-ST-ZIP		
TITLE	D	DELETE	3.1 111	LE	D	Change 🔀 Addition
NAME .	FAIRBROTHER, LARRY		3.2 NAI	ΜE	Oaubi, Auma	
STREET ADDRESS	7749 MINNIE ROUSE LN		3.3 STF	EET ADDRESS	7749 Minnie Rouse	. Lane
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CO	Y-ST-71P	Ogubi, Auma 7749 Minnie Rouse Orlando, FC 3283	5
TITLE	D	DELETE	4.1 TIT	.E		Change Addition
NAME	Kennerly, Ben		4. 2 NA	ME		
STREET ADDRESS	7749 MINNIE ROUSE LN		4.3 STF	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CIT	Y-ST-21P		
TITLE		☐ DELETE	5.1 TITI	.ŧ		☐ Change ☐ Addition
NAME			5.2 NAI	ME		
STREET ADDRESS			5.3 STF	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y - ST - ZIP		
TITLE		☐ DELETE	6.1 T(T)	.E		Change Addition
NAME			6.2 NA1	λE		
STREET ADDRESS			6.3 STF	EE1 ADDRESS		
CITY-ST-ZIP	···		6.4 CIT	Y-S1-ZIP	<u> </u>	

14. I do 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 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 roceiver 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.