2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001870

Apr 26, 2006 Secretary of State

Entity Name: THE SECOND AMENDMENT COALITION OF FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 17335

WEST PALM BEACH, FL 334167335 US

Current Mailing Address: New Mailing Address:

PO BOX 17335

WEST PALM BEACH, FL 334167335 US

FEI Number: 65-0517676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, DAVID 809 N. O STREET LAKE WORTH, FL 334602743 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

NORTON, MARALYN NORTON, MARILYN Name: Name: 5341 MOBILAIRE DRIVE Address: 5341 MOBILAIRE DRIVE Address:

City-St-Zip: WEST PALM BEACH, FL 334174732 City-St-Zip: WEST PALM BEACH, FL 334174732

Title: DV () Delete Title: () Change () Addition

Name: MCCLEAN, JAMES Name: Address: 4176 VICLIFF ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip:

Title: () Delete Title: () Change () Addition

SUSCO, BARBARA Name: Name: 7164 ST ANDREWS ROAD Address: Address: City-St-Zip: RIVIERA BEACH, FL 334044656 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

GORMAN, WILLIAM P Name: GORMAN, WILLIAM P Name: 2936 LAKESHORE DRIVE Address: 2936 LAKESHORE DRIVE Address: City-St-Zip: RIVIERA BEACH, FL 334044646 City-St-Zip: RIVIERA BEACH, FL 334044656

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM P, GORMAN TD 04/26/2006