## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001870

FILED Apr 14, 2009 Secretary of State

Entity Name: THE SECOND AMENDMENT COALITION OF FLORIDA INC.

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

809 NORTH "O" STREET 809 N

LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US

Current Mailing Address: New Mailing Address:

PO BOX 17335 809 N

WEST PALM BEACH, FL 334167335 US LAKE WORTH, FL 33460 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 WOOD, DAVID A

809 NORTH 809 N

LAKE WORTH, FL 334602743 US 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: DAVID A WOOD 04/14/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: WOOD, DAVID A Name: WOOD, DAVID A

Address: 809 NORTH Address: 809 N

City-St-Zip: LAKE WORTH, FL 334602743 City-St-Zip: LAKE WORTH, FL 334602743

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

 Name:
 MC CLEAN, JAMES
 Name:

 Address:
 4176 VI CLIFF ROAD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:

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

 Name:
 NORTON, MARYILN
 Name:

 Address:
 5341 MOBILAIRE DRIVE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 City-St-Zip:

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

 Name:
 GORMAN, WILLIAM P
 Name:

 Address:
 2936 LAKESHORE DRIVE
 Address:

 City-St-Zip:
 RIVIERA BEACH, FL 334044656
 City-St-Zip:

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: WILLIAM P. GORMAN TD 04/14/2009