


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002161</b>	
1. Entity Name <b>SECOND CHANCE - LAST OPPORTUNITY, INC.</b>	

Principal Place of Business <b>1933 MARTIN LUTHER KING JR WAY SARASOTA, FL 34234</b>	Mailing Address <b>PO BOX 1048 SARASOTA, FL 34230</b>
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02152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GLASCO, APRIL 618 NORTH ORANGE AVE SARASOTA, FL 34234</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000645249 03/02/07-80076-014 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASCO, APRIL 1933 DR MLK WAY SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAWTHORNE, JOHN 1782 DR MLK JR WAY SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B GOLDMAN, DAVID 308 COCONUT AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B DUPREE, JEROME 1432 17TH STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT JOHNSON, SUZAN 1320 VENICE AVE E VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BRISTOL, FRANK 1958 MLK JR WAY SARASOTA, FL 34234

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *X April Glasco* **2-15-07** **941-360-8660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #