

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002161

FILED
Mar 25, 2009
Secretary of State

Entity Name: SECOND CHANCE - LAST OPPORTUNITY, INC.

Current Principal Place of Business:

1933 MARTIN LUTHER KING JR WAY
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

PO BOX 1048
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0699257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASCO, APRIL
618 NORTH ORANGE AVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLASCO, APRIL
Address: 1933 DR MLK WAY
City-St-Zip: SARASOTA, FL 34234

Title: C () Delete
Name: HAWTHORNE, JOHN
Address: 1782 DR MLK JR WAY
City-St-Zip: SARASOTA, FL 34234

Title: B () Delete
Name: GOLDMAN, DAVID
Address: 308 COCONUT AVE
City-St-Zip: SARASOTA, FL 34236

Title: B () Delete
Name: DUPREE, JEROME
Address: 1432 17TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: BT () Delete
Name: JOHNSON, SUZAN
Address: 1320 VENICE AVE E
City-St-Zip: VENICE, FL 34285

Title: B () Delete
Name: HAMOD, RENEE
Address: 1814 ROLAND ST
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: APRIL GLASCO

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date