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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001502

1. Corporation Name
SECOND CHANCE ACADEMY, INC.

618371 - 90003 - 15

Principal Place of Business	Mailing Address
61 NORTH ORANGE AVE ORLANDO FL 32801	61 NORTH ORANGE AVE ORLANDO FL 32801

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-2106075 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BURRELL, SIMUEL
61 NORTH ORANGE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURRELL, SIMUEL 61 NORTH ORANGE AVE ORLANDO FL 32801 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CHARLES W. ABBOTT 200 SO. ORANGE AV. ORLANDO, FL. 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, ALFREDA L 1316 ARLINGTON ST ORLANDO FL 32805 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	JAMES C. INGRAM 37 NO. ORANGE AV. ORLANDO, FL. 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRA, JOHNNIE L 800 BETHUNE DR ORLANDO FL 32805 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D BRUCE E. CHAPIN 200 E. ROBINSON ST ORLANDO, FL. 32805 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RALPH 4347 ARAJO COURT ORLANDO FL 32812 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DEBORAH G. WARNER 20 NO. ORANGE AV. ORLANDO, FL. 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JOHN JR 3313 JANET STREET APOPKA FL 32712 ☒ DELETE Add	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PAUL SNEAD 212 MARKER ST. ALT SPRG. FL 32701 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RUBEN CRUZ 2721 E. GORE ORLANDO, FL. 32806	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	WILLIAM PARKE 305 FOX SQUIRREL LN. LONGWOOD, FL. 32779 ☐ Change ☒ Addition

CR2E037 (5/99)

14. I 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 receiver 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Simuel Burrell 6/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone 407 648-8300