2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# N97000001502

Entity Name: SECOND CHANCE ACADEMY, INC.

Current Principal Place of Business:

1322 ARLINGTON STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1322 ARLINGTON STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 52-2106075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURRELL, SIMUEL
1322 ARLINGTON STREET
ORLANDO, FL 32805 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:	FISHER, JOHN	
Address:	20 N ORANGE AVE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	STEWARD, ANDREW	
Address:	538 JANICE AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	FELDER, HERBERT	
Address:	73 W. 8TH STREET	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	DENMARK, KIM	
Address:	P.O. BOX 1642	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	D	( ) Delete
Name:	BRADLEY, VERNICE A	
Address:	800 N. MAGNOLIA AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	WILSON, PAMELA	
Address:	4859 CHEROKEE ROSE DRIVE	
City-St-Zip:	ORLANDO, FL 32808	

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: JOHN FISHER D 08/04/2009

Electronic Signature of Signing Officer or Director — Date