


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 019 ****61.25

DOCUMENT # N97000002148 1. Entity Name SECOND CHANCE COMMUNITY DEVELOPMENT, INC.			
Principal Place of Business 4231 N.W. 19 STREET #255 LAUDERHILL, FL 33313		Mailing Address 4231 N.W. 19 STREET 255 LAUDERHILL, FL 33313	
2. Principal Place of Business 5701 NW 54 Lane		3. Mailing Address 5701 NW 54 Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tamarac, Florida		City & State Tamarac, Florida	
Zip 33319		Zip 33319	
Country USA		Country USA	
4. FEI Number 65-0743165		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACEY, ROYSTAN A 4231 N.W. 19 STREET, 255 LAUDERHILL, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACEY, ROYSTAN A 4231 N.W. 19 STREET #255 LAUDERHILL, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tracey, Roystan A 5701 NW 54 Lane Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, NOEL 5079 N.W. 41 PLACE LAUDERDALE LAKES, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, WAYNE 7348 NW 75 STREET TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, PAULINE MRS 11145 MARINA BAY ROAD WELLINGTON, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, IVAN C 9731 NW 25 COURT SUNRISE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, YVETTE MRS. 9731 NW 25 COURT SUNRISE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/24/06 Daytime Phone # (954) 720-5499	