# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2007**
**Secretary of State**

DOCUMENT# N97000002148

**Entity Name:** SECOND CHANCE COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

5701 NW 54TH LN
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5701 NW 54TH LN
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number: 65-0743165** **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:**

TRACEY, ROYSTAN A
4231 N.W. 19 STREET,
255
LAUDERHILL, FL 33313 US

**Name and Address of New Registered Agent:**

TRACEY, ROYSTAN A
5701 NW 54TH LANE
TAMARAC, FL 33319 US

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: _____ 05/08/2007
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TRACEY, ROYSTAN A
Address: 5701 NW 54TH LN
City-St-Zip: TAMARAC, FL 33319

Title: TD ( ) Delete
Name: ALEXANDER, NOEL
Address: 5079 N.W. 41 PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete
Name: MCLEAN, WAYNE
Address: 7348 NW 75 STREET
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: CARTER, PAULINE MRS
Address: 11145 MARINA BAY ROAD
City-St-Zip: WELLINGTON, FL 33467 US

Title: D ( ) Delete
Name: POWELL, IVAN C
Address: 9731 NW 25 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: D ( ) Delete
Name: PATTERSON, YVETTE MRS.
Address: 9731 NW 25 COURT
City-St-Zip: SUNRISE, FL 33313 US

**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: ROYSTAN TRACEY PD 05/08/2007
Electronic Signature of Signing Officer or Director — Date