


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005152 1. Entity Name SECOND CHANCE FOR STRAYS, INC.	
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Principal Place of Business 1545 SOUTH HIGHLAND AVE, PMB 214 CLEARWATER, FL 33756	Mailing Address 1545 SOUTH HIGHLAND AVE, PMB 214 CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3609184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRANE, BARBARA
2642 2ND COURT
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

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: *Barbara Drane* (NOTE: Registered Agent signature required when reinstating) DATE: 2/5/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRANE, BARBARA 2642 2ND COURT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CIHON, PATRICIA 1412 S HERCULES AVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSRV TANSKE, SHARON 113 ISLAND WAY UNIT 224 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEGERONIMO, DEBORAH 2650 PEARCE DRIVE APT. 308 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JV FITZGERALD, JOAN 1690 FOX ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/15/07-80005-028 61.25

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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: *Patricia Cihon* Patricia Cihon 2/5/07 7275359154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #