

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 16, 2009
Secretary of State

DOCUMENT# N99000007350

Entity Name: SECOND CHANCE HELP CENTER, INC.**Current Principal Place of Business:**1709 HELENA ST
JACKSONVILLE, FL 32208**New Principal Place of Business:****Current Mailing Address:**1709 HELENA ST
JACKSONVILLE, FL 32208 US**New Mailing Address:****FEI Number:** 59-3295378**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WYCHE, ANTHONY F SR.,REV
1506 RIBAUT SCENIC DRIVE
JACKSONVILLE, FL 32208 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: WYCHE, ANTHONY SR REV
Address: 1506 RIBAUT SCENIC DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WYCHE, DEBORAH
Address: 1506 RIBAUT SCENIC DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: JAMES, DONNETTE
Address: 1965 WEST 2ND ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: WYCHE, ANTHONY SR REV
Address: 1506 RIBAUT SCENIC DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: EVANS, ANTAWANNA
Address: 7419 HIGH BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: C () Change (X) Addition
Name: DAVIS, TYRONE
Address: 1754 HELENA ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: VC () Change (X) Addition
Name: BUSH, JESSIE
Address: 6616 CAVALIER RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Change (X) Addition
Name: FAULK, JOANNE
Address: 1445 CONESTOGA CT
City-St-Zip: ORANGE PARK, FL 32065

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: REV. ANTHONY F. WYCHE, SR.

ED

06/16/2009

Electronic Signature of Signing Officer or Director

Date