

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007350

FILED
Jan 06, 2010
Secretary of State

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: ED
Name: WYCHE, ANTHONY SR REV
Address: 1506 RIBAUT SCENIC DR
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: T
Name: EVANS, ANTAWANNA
Address: 7419 HIGH BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: C
Name: DAVIS, TYRONE
Address: 1754 HELENA ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: VC
Name: BUSH, JESSIE
Address: 6616 CAVALIER RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S
Name: FAULK, JOANNE
Address: 1445 CONESTOGA CT
City-St-Zip: ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

SIGNATURE: REV. ANTHONY F. WYCHE, SR.

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date