

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N01000004323

**Entity Name:** SECOND CHANCE SOCIETY, INC.

**Current Principal Place of Business:**

1835 SE 4TH AVENUE  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

1835 SE 4TH AVENUE  
FT LAUDERDALE, FL 33316 US

**FEI Number:** 65-1118303

**Certificate of Status Desired:** No

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

DOSS, DANIELLE MS.  
1835 SE 4TH AVENUE  
FT LAUDERDALE, FL 33316 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:** DANIELLE DOSS

08/11/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GARVEY, JESSICA MS  
Address        1790 MARIETTA DR  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           DIRECTOR  
Name           FERRELLI, MATT MR  
Address        2224 NW 7TH AVENUE  
City-State-Zip: WILTON MANORS FL 33311

Title           DIRECTOR  
Name           JOHNSON, FRANKIE MS  
Address        2200 S. OCEAN LANE  
                  APT. 1407  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           VICE CHAIR  
Name           WHITTINGTON, SHERI MS  
Address        4600 N.E. 23RD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           CHAIRMAN  
Name           GARCIA, ROLAND MR.  
Address        1113 HOLLYWOOD BLVD.  
City-State-Zip: HOLLYWOOD FL 33019

Title           DIRECTOR  
Name           JACKSON, TONIA MS.  
Address        7308 NW 57TH COURT  
City-State-Zip: TAMARAC FL 33321

Title           EXECUTIVE DIRECTOR  
Name           DOSS, DANIELLE MS.  
Address        1835 SE 4TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           DIRECTOR  
Name           BARRY-SMITH, MARCIA  
Address        3037 LA MIRAGE DRIVE  
City-State-Zip: LAUDERHILL FL 33319

**Continues on page 2**

*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:** DANIELLE DOSS

**EXECUTIVE DIRECTOR**

08/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name BLAIR, PENELOPE  
Address 401 E. LAS OLAS BLVD.  
21ST FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ABRAHAM, LUCKSON  
Address 7380 NW 1ST ST  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name LOFFREDO, TOM  
Address 401 EAST LAS OLAS BLVD.  
SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name MAHABIR, SHANE  
Address 5638 WELLESLEY PARK DR  
#204  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name RILEY, YASHA  
Address 6461 SW 8TH ST  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name EARLE-CUNNINGHAM, SARAN  
Address 13247 SW 26TH STREET  
City-State-Zip: MIRAMAR FL 33027