

**2015 FLORIDA NOT FOR PROFIT CORPORATION 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**FEI Number:** 65-1118303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OWEN, PAT MS.  
2100 S OCEAN DR, APT 17L  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PRADO, MARTA .  
Address        1926 HARRISON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title           DIRECTOR  
Name           COYLE, ROBERT  
Address        1401 NE 14TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           BOARD CHAIR  
Name           SAISWICK, KIM  
Address        4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           DIRECTOR  
Name           DUNNE, JASON  
Address        2613 NE 27TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064-8320

Title           SECRETARY  
Name           READY, JEAN  
Address        240 SW 19TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33315

Title           VICE-CHAIR  
Name           WHITTINGTON, SHERI  
Address        615 SAN MARCO DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           DIRECTOR  
Name           OWEN, PAT  
Address        2100 S. OCEAN DRIVE  
                APT. 17L  
City-State-Zip: FT LAUDERDALE FL 33316

Title           DIRECTOR  
Name           FORD, MARK  
Address        2727 OAKBROOK LANE  
City-State-Zip: WESTON FL 33332

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*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:** PAT OWEN**DIRECTOR****03/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 O/LEARY, MICEAL  
Address             2129 NE 61ST COURT  
City-State-Zip:   FT. LAUDERDALE FL 33306-2155

Title                   DIRECTOR  
Name                 OWEN, LAURA  
Address             2200 S. OCEAN LANE  
City-State-Zip:   FT. LAUDERDALE FL 33316