

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000759

**Entity Name:** 2ND C.H.A.N.C.E CENTER 4 BOYZ INC.

**Current Principal Place of Business:**

5723 SWEET WILLIAM TERRACE  
LAND O LAKES, FL 34639

**Current Mailing Address:**

P.O. BOX 280355  
TAMPA, FL 33682 US

**FEI Number:** 27-4657432

**Certificate of Status Desired:** No

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

BABB III, KEITH W  
5723 SWEET WILLIAM TERRACE  
LAND O LAKES, FL 34639 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:** KEITH W. BABB III

05/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name BABB III, KEITH W  
Address 5723 SWEET WILLIAM TERRACE  
City-State-Zip: LAND O LAKES FL 34639

Title TREASURER  
Name COLE, BRITTON  
Address 607 MAPLE POINTE DR.  
City-State-Zip: SEFFNER FL 33584

Title SECRETARY  
Name BABB, SARINA  
Address 5723 SWEET WILLIAM TERRACE  
City-State-Zip: LAND O LAKES FL 34639

*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:** KEITH W BABB III

EXECUTIVE DIRECTOR

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date