

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008041

**Entity Name:** SECOND CHANCE INITIATIVE INC.**Current Principal Place of Business:**3100 NW BOCA RATON BLVD.  
#312  
BOCA RATON, FL 33431**Current Mailing Address:**3100 NW BOCA RATON BLVD.  
#312  
BOCA RATON, FL 33431 US**FEI Number:** 83-1405102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALFITANO, CHRISTOPHER  
3100 NW BOCA RATON BLVD,  
312  
BOCA RATON, FL 33431 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:** CHRISTOPHER MALFITANO

01/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT AND DIRECTOR  
Name MALFITANO, CHRISTOPHER  
Address 3100 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name MOSES, JOSEPH L.  
Address 3100 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name ROSETTO, BRUCE  
Address 1300 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name MIGLIANO, KRISTEN  
Address 3100 NW BOCA RATON BLVD. #312  
City-State-Zip: BOCA RATON FL 33431

Title TREASURER AND DIRECTOR  
Name GUNNELL, CASEY LEE  
Address 3100 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY AND DIRECTOR  
Name LUCAS, SARAH  
Address 3100 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title FOUNDER AND DIRECTOR  
Name COPELAND, KEELY  
Address 1300 NW BOCA RATON BLVD 312  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name SILK, CATHERINE  
Address 3100 NW BOCA RATON BLVD. #312  
City-State-Zip: BOCA RATON FL 33431

**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:** CASEY LEE GUNNELLTREASURER AND  
DIRECTOR

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | REIMAN, ARIADNE                  |
| Address         | 3100 NW BOCA RATON BLVD.<br>#312 |
| City-State-Zip: | BOCA RATON FL 33431              |