

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000009893

Entity Name: CHAIN BREAKIN RECOVERY INC

Current Principal Place of Business:

20946 US HWY 301
DADE CITY, FL 33523

Current Mailing Address:

PO BOX 354
LACOOCHEE, FL 33537 US

FEI Number: 88-3921857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIKES, TAMMY
38449 SR 575
DADE CITY, FL 33523 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 P
Name SIKES, TAMMY
Address 38449 SR 575
City-State-Zip: DADE CITY FL 33523

Title VP
Name MOATS, JOSHUA
Address 37129 BOWMAN ST
City-State-Zip: DADE CITY FL 33523

Title S
Name TORRES, AMBER
Address 39870 RICHLAND RD
City-State-Zip: ZEPHYRHILLS FL 33540

Title T
Name SOMEILLAN, LYDIA
Address 3844 BURWELL RD
City-State-Zip: WEBSTER FL 33597

Title D
Name SLOVER, ASHLEY
Address 3500 BURWELL ROAD
City-State-Zip: WEBSTER FL 33597

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: SIKES, TAMMY

MANAGER

03/03/2024

Electronic Signature of Signing Officer/Director Detail

Date