

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 007 *****70.00

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1. Entity Name
**OFF THE CHAIN'S OF LIFE NONDENOMINATIONAL
CHURCH, INC**



Principal Place of Business
**1909 SUNSET DR SW
VERO BEACH, FL 32962**

Mailing Address
**1909 SUNSET DR SW
VERO BEACH, FL-32962**

34071444



2. Principal Place of Business
5200 Feeder Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2456
Suite, Apt. #, etc.

08192004 Chg-NP CR2E037 (10/03)

City & State
Ft. Pierce, FL
Zip
34951
Country
US

City & State
VERO BEACH FLA.
Zip
32962
Country
INDIAN RIVER

4. FEI Number **81-0626576**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TYNES, VERNON L SR
1909 SUNSET DR SW
VERO BEACH, FL 32962**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-30-04

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TYNES, VERNON L SR**
STREET ADDRESS **1909 SUNSET DR SW**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **S** ☐ Delete
NAME **WILLIAMS, AUDREY**
STREET ADDRESS **4675 43RD COURT**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VERNON L TYNES **321-0086**
8-30-04 **772-569-8044**