2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006464

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

Principal Place of Business	Mailing Address
5200 FEEDER ROAD FORT PIERCE, FL 34951	P.O. BOX 2456 VERO BEACH, FL 32962

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07182005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
81-0626576	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

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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

Filing Fee is $61.25 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/22/05-80012-004 70.00

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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: _____ VERNON L. TYNES 7-18-05 772-321-0___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #