2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011381

Entity Name: OFF THE CHAIN MINISTRIES, INC.

FILED Apr 27, 2006 Secretary of State

| Current Principal Place of Business: New P | incipal Place of Business: |
|--|----------------------------|
|--|----------------------------|

4265 EVERETT AVE 4265 EVERETT AVE

MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

4265 EVERETT AVE PO BOX 588

MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32050 US

FEI Number: 20-3792947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TOWNSEND, DARYL R 4265 EVERETT AVE MIDDLEBURG, FL 32068 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:

Cleanage Constitute of Deviational Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

D () Delete Title: D (X) Change () Addition

 Name:
 TOWNSEND, DARYL R
 Name:
 TOWNSEND, DARYL R

 Address:
 4265 EVERETT AVE
 Address:
 4265 EVERETT AVE

 City-St-Zip:
 MIDDLEBURG, FL 32068 US
 City-St-Zip:
 MIDDLEBURG, FL 32068 US

Title: D () Delete Title: D (X) Change () Addition Name: JACKSON, ART Name: JACKSON, ART

Address: 9731 SW 195 CIRCLE Address: 9731 SW 195 CIRCLE
City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432 US

 Name:
 WYDER, GARY
 Name:
 WYDER, GARY

 Address:
 2702 NW 52ND AVE
 Address:
 2702 NW 52ND AVE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 TOWNSEND, KENT
 Name:
 TOWNSEND, KENT

 Address:
 2 S BOGEY DR
 Address:
 2 S BOGEY DR

 City-St-Zip:
 JESSUP, GA 31546
 City-St-Zip:
 JESSUP, GA 31546 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARYL R. TOWNSEND D 04/27/2006