## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011381

FILED Jan 19, 2009 Secretary of State

Entity Name: OFF THE CHAIN MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	RETT AVE URG, FL 32068 US	3		
Current N	Mailing Address:		New Mailing Addr	ess:
PO BOX 5 MIDDLEB	588 URG, FL 32050 US	3		
El Numbe	r: 20-3792947 FEI No	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Current	Registered Agent:	Name and Address	s of New Registered Agent:
1265 EVE	ND, DARYL R RETT AVE URG, FL 32068 US	6		
	e named entity submits e of Florida.	this statement for the	purpose of changing its registe	ered office or registered agent, or both,
n the Stat	e of Florida. RE:			ered office or registered agent, or both,
n the Stat	e of Florida. RE:	this statement for the		ered office or registered agent, or both,  Date
n the Stat SIGNATU	e of Florida. RE:		gent	
n the Stat  SIGNATU  DFFICER  itle: lame: ddress:	e of Florida.  RE: Electronic Sign	ature of Registered Ag	gent	Date
n the Stat BIGNATU  DFFICER Title: Jame: Address: City-St-Zip: Title: Jame: Address:	Electronic Sign  S AND DIRECTORS:  D () Delete TOWNSEND, DARYL R 4265 EVERETT AVE	ature of Registered Ag	gent  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	Electronic Sign  Electronic Sign  S AND DIRECTORS:  D () Delete TOWNSEND, DARYL R 4265 EVERETT AVE MIDDLEBURG, FL 3206  D () Delete JACKSON, ART 9731 SW 195 CIRCLE	ature of Registered Ag	gent  ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  IGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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 01/19/2009