

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009606

FILED
Feb 21, 2008
Secretary of State

Entity Name: BROKEN CHAINS MINISTRIES, INC.

Current Principal Place of Business:

111 AVENUE R N.E.
WINTER HAVEN, FL 33884

New Principal Place of Business:

939 N. LINCOLN AVENUE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 9083
WINTER HAVEN, FL 338839083

New Mailing Address:

FEI Number: 06-1773709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORAN I, SELWYN B
605 KINGS LANE SW
WINTER HAVEN, FL 338801778 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: SELWYN B. MORAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MORAN I, SELWYN B
Address: 605 KINGS LANE SW
City-St-Zip: WINTER HAVEN, FL 338801778

Title: T () Delete
Name: DAVIS, DOMINIQUE
Address: 3002 PINE CONE DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: BLACK, CECILIA
Address: 958 WEDGEWOOD DRIVE SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: AUSTELL, BRUCE
Address: 628 CARVER DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: S (X) Change () Addition
Name: GRAHAM, KIMBERLY
Address: 470 KING STREET
City-St-Zip: LAKE WALES, FL 33853

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: SELWYN B. MORAN

BC

02/21/2008

Electronic Signature of Signing Officer or Director

Date