

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009606

FILED
Dec 07, 2009
Secretary of State

Entity Name: BROKEN CHAINS MINISTRIES, INC.

Current Principal Place of Business:

939 N. LINCOLN AVENUE
LAKELAND, FL 33813

New Principal Place of Business:

605 KINGS LANE SW
WINTER HAVEN, FL 33880

Current Mailing Address:

P.O. BOX 9083
WINTER HAVEN, FL 338839083

New Mailing Address:

605 KINGS LANE SW
WINTER HAVEN, FL 33880

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: AUSTELL, BRUCE
Address: 628 CARVER DRIVE
City-St-Zip: LAKE WALES, FL 33853

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GRETA E. MORAN

ED

12/07/2009

Electronic Signature of Signing Officer or Director

Date