

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009606

FILED  
Jun 21, 2011  
Secretary of State

**Entity Name:** BROKEN CHAINS MINISTRIES, INC.

**Current Principal Place of Business:**

605 KINGS LANE SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

605 KINGS LANE SW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 06-1773709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAN, GRETA E  
605 KINGS LANE SW  
WINTER HAVEN, FL 338801778 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: DAVIS, SANDRA  
Address: 828 BLACKWOOD DRIVE  
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: SELWYN B. MORAN

C

06/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date