

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000001028

1. Entity Name
"NO MORE CHAINS", INC. THE MINISTRY OF TOTAL
DELIVERANCE, HEALING, RESTORATION, & PROPHECY
CHURCH



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 21 AM 8:33

Principal Place of Business
2932 N.W. 9TH COURT
FORT LAUDERDALE, FL 33311

Mailing Address
P.O. BOX 8395
FORT LAUDERDALE, FL 33310

2. Principal Place of Business - No P.O. Box #
2932 N.W. 9th Court

3. Mailing Address
P.O. BOX 8395

City & State
Fort. Lauderdale, FLA.

City & State
Fort. Lauderdale, FL

Zip
33311

Country
Broward

Zip
33310

Country
Broward



08182009 REIN-NP CR2E099 (1/07)

Fee Number
80-0274705

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOHNNY SR.
2651 N.W. 5TH STREET
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Johnny Jones, Sr. DATE 09/16/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HILDA R		NAME		
STREET ADDRESS	P.O. BOX 8395		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33310		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HILDA R		NAME		
STREET ADDRESS	P.O. BOX 8395		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33310		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HILDA R		NAME		
STREET ADDRESS	P.O. BOX 8395		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33310		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 09-16-09 (854) 394-8271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR