

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001028

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** "NO MORE CHAINS", INC. THE MINISTRY OF TOTAL DELIVERANCE, HEALING, RESTORATION,  
& PROPHECY CHURCH OF GOD IN CHRIST

**Current Principal Place of Business:**

2932 N.W. 9TH COURT  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8395  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 80-0274705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JOHNNY SR.  
2651 N.W. 5TH STREET  
POMPANO BEACH, FL 33069 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: CEOP  
Name: GRAHAM, HILDA R  
Address: P.O. BOX 8395  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: VT  
Name: GRAHAM, HILDA R  
Address: P.O BOX 8395  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: S  
Name: GRAHAM, HILDA R  
Address: P.O. BOX 8395  
City-St-Zip: FORT LAUDERDALE, FL 33310

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: HILDA RENIA GRAHAM

CEO

04/27/2010

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

\_\_\_\_\_  
Date