2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# N07000003660

Entity Name: OFF THE CHAIN MINISTRY OF ORANGE COUNTY INC.

Current Principal Place of Business:

5917 FORESTGROVE BLVD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 683195
ORLANDO, FL 32818

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HEARD, BRUCE
5917 FORESTGROVE BLVD
ORLANDO, FL 32808 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:	D	( ) Delete
Name:	HEARD, BRUCE	
Address:	5917 FORESTGROVE BLVD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	MCMILLIAN, ROBERT	
Address:	1234 OLD MILL RD	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	LAY, RICKY	
Address:	PO BOX 618162	
City-St-Zip:	ORLANDO, FL 32861	
Title:	D	( ) Delete
Name:	HAMILTON, GLENDY	
Address:	514 S PARRAMORE AVE	
City-St-Zip:	ORLANDO, FL 32805	

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:	
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: BRUCE HEARD RA 08/26/2008

Electronic Signature of Signing Officer or Director — Date