2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002
Secretary of State

DOCUMENT# 719795

Entity Name: THE BODY OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

% FAITH UNITED METHODIST CHURCH
4000 SPRING PARK RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

C/O DR. F.B. SEGHERS
1214 MORVENWOOD RD.
JACKSONVILLE, FL 322075364

Current Mailing Address:

% FAITH UNITED METHODIST CHURCH
4000 SPRING PARK RD
JACKSONVILLE, FL 32207

New Mailing Address:

C/O DR. F.B. SEGHERS
1214 MORVENWOOD RD.
JACKSONVILLE, FL 322075364

FEI Number: 59-1401103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEGHERS JR, FRANK B
1214 MORVENWOOD RD
JACKSONVILLE, FL 322075364 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: VSD ( ) Delete
Name: SEGHERS, MRS. F.B.,, JR.
Address: 1214 MORVENWOOD RD
City-St-Zip: JACKSONVILLE, FL 322075364

Title: PTD ( ) Delete
Name: SEGHERS, FRANK B, JR,
Address: 1214 MORVENWOOD RD
City-St-Zip: JACKSONVILLE, FL 322075364

Title: D ( ) Delete
Name: SEGHERS, JET W
Address: 1214 MORVENWOOD RD
City-St-Zip: JACKSONVILLE, FL 322075364

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 for the exemption stated in Section 119.07(3)(i), 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: F.B. SEGHERS PTD 08/14/2002

Electronic Signature of Signing Officer or Director — Date