

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 719795

FILED  
Jan 15, 2003  
Secretary of State

**Entity Name:** THE BODY OF CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1401103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: DR. FRANK B. SEGHERS, JR.

PTD

01/15/2003

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

\_\_\_\_\_  
Date