

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40443

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** BODY OF CHRISTIAN BELIEVERS, INC.

**Current Principal Place of Business:**

12797 SW 280TH STREET  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

11919 SW 272 TERRACE  
HOMESTEAD, FL 33032

**New Mailing Address:**

**FEI Number:** 65-0302370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLEM CLARENCE, CLEM THERESA  
11919 SW 272 TERRACE  
HOMESTEAD, FL 33032 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:** PD  
**Name:** CLEM, CLARENCE L  
**Address:** 11919 SW 272 TERRACE  
**City-St-Zip:** HOMESTEAD, FL 33032 US

**Title:** PD  
**Name:** CLEM, THERESA M  
**Address:** 11919 S.W 272 TERRACE  
**City-St-Zip:** HOMESTEAD, FL 33032 US

**Title:** TR  
**Name:** GAINES, ONEIKA  
**Address:** 14527 ST. GEORGES HILL DRIVE  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** TR  
**Name:** STOKES, LILLIE D  
**Address:** 703 SOUTH MAIN  
**City-St-Zip:** HAVANA, FL 32333 US

**Title:** TR  
**Name:** MCGRIFF, MARY J  
**Address:** 318 SHORT AVENUE  
**City-St-Zip:** HAVANA, FL 32333 US

**Title:** TR  
**Name:** CLEM, CLARENCE L JR.  
**Address:** 11919 SW 272 TERRACE  
**City-St-Zip:** HOMESTEAD, FL 33032 US

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:** THERESA M CLEM

PD

04/11/2011

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

\_\_\_\_\_  
Date