

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010820

Entity Name: THEOLOGY OF THE BODY HEALING AND TRAINING CENTER, INC.**FILED**
Mar 23, 2014
Secretary of State
CC7327860425**Current Principal Place of Business:**2619 CENTENNIAL BLVD
STE. 103
TALLAHASSEE, FL 32308**Current Mailing Address:**2619 CENTENNIAL BLVD
STE. 103
TALLAHASSEE, FL 32308**FEI Number: 27-4005345****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KNIEPMANN, KENNETH
3512 CLIFDEN DRIVE
TALLAHASSEE, FL 32309 US*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**Officer/Director Detail :**

Title	PD
Name	SCHUCHTS, ROBERT ADR.
Address	2619 CENTENNIAL BLVD.
City-State-Zip:	TALLAHASSEE FL 32308

Title	CD
Name	ARZA, RALPH
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	GEORGE, PAUL
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	HERNANDEZ, ILLEANA
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	JACOBS, SAM
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	BIANCE, JUSTIN
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	RIZZO, CHRISTINE
Address	2619 CENTENNIAL BLVD STE. 103
City-State-Zip:	TALLAHASSEE FL 32308

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: ROBERT SCHUCHTS**REGISTERED AGENT****03/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date