2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010820

Entity Name: THEOLOGY OF THE BODY HEALING AND TRAINING CENTER, INC.

Current Principal Place of Business:

2927 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309

Current Mailing Address:

2927 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309 US

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		Title	CD
Name	SCHUCHTS, ROBERT ADR.		Name	ARZA, RALPH
Address	2927 KERRY FOREST PARKWAY		Address	2927 KERRY FOREST PARKWAY
City-State-Zip:	TALLAHASSEE FL 32309		City-State-Zip:	TALLAHASSEE FL 32309
Title	D		Title	D
Name	GEORGE, PAUL		Name	HERNANDEZ, ILLEANA
Address	2927 KERRY FOREST PARKWAY		Address	2927 KERRY FOREST PARKWAY
City-State-Zip:	TALLAHASSEE FL 32309		City-State-Zip:	TALLAHASSEE FL 32309
Title	D		Title	DIRECTOR
Name	JACOBS, SAM		Name	BIANCE, JUSTIN
Address	2927 KERRY FOREST PARKWAY		Address	2927 KERRY FOREST PARKWAY
City-State-Zip:	TALLAHASSEE FL 32309		City-State-Zip:	TALLAHASSEE FL 32309
Title	DIRECTOR			
Name	RIZZO, CHRISTINE			
Address	2927 KERRY FOREST PARKWAY			
City-State-Zip:	TALLAHASSEE FL 32309			

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   PRESIDENT   03/21/2016

Electronic Signature of Signing Officer/Director Detail   Date