FEI Number: 45-3912086			Certificate of State	
Name and Address of Current Registered Agent:				
EVANS, JAMES 2675 HORSESHOE DR. S. #404 NAPLES, FL 34104 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S				
SIGNATURE: JAMES EVANS				
	Electronic Signature of Registered Agent			
Officer/Dire	ctor Detail :			
Title	CHAIRMAN	Title	VICE CHAIR	
Name	WOOD, LEE	Name	THURBER, DARREN	
Address	3212 COCONUT GROVE ROAD	Address	1702 E. 127TH AVE	
City-State-Zip:	LAND O'LAKES FL 34639	City-State-Zip:	TAMPA FL 33612	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010756

Entity Name: 1 BODY MINISTRIES, INC.

Current Principal Place of Business:

2675 HORSESHOE DR. S. #404 NAPLES. FL 34104

Current Mailing Address:

PO BOX 110431 NAPLES. FL 34108 US

FE

Na

OFFICER

GERKE, DAMIAN

503 101ST AVE

City-State-Zip: ST. PETERSBURG FL 33702

DIRECTOR

PO BOX 2854 City-State-Zip: BLUE RIDGE GA 30513

HEAD. FORREST

Title

Title

Name

Address

Name

Address

The e State of Florida.

Title

Name

Address

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: JAMES EVANS

DIRECTOR

DIRECTOR

City-State-Zip: NAPLES FL 34104

EVANS, JAMES

2675 HORSESHOE DR. S. #404

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 23, 2018 Secretary of State CC6828976421

01/23/2018 Date

atus Desired: No