

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011413

**Entity Name:** THE LIVING BODY OF CHRIST INC.

**Current Principal Place of Business:**

809 HARRIS STREET  
SEBRING, FL 33870

**Current Mailing Address:**

1418 PENNY AVENUE  
SEBRING, FL 33870

**FEI Number: 81-0726948**

**Certificate of Status Desired: No**

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

SMITH-POWELL, BOBBIE  
1418 PENNY AVENUE  
SEBRING, FL 33870 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 P  
Name POWELL, ANTHONY SR.  
Address 1418 PENNY AVENUE  
City-State-Zip: SEBRING FL 33870

Title VP  
Name SMITH-POWELL, BOBBIE DR.  
Address 1418 PENNY AVENUE  
City-State-Zip: SEBRING FL 33870

Title D  
Name HOLMES, TARICK SR.  
Address 1418 PENNY AVENUE  
City-State-Zip: SEBRING FL 33870

Title D  
Name PERRYMAN, NARRASHEOD  
Address 1418 PENNY AVENUE  
City-State-Zip: SEBRING FL 33870

Title D  
Name JONES, JAMIE T.  
Address 809 HARRIS STREET  
City-State-Zip: SEBRING FL 33870

*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: DR. BOBBIE SMITH-POWELL**

**DR. BOBBIE SMITH-  
POWELL**

**03/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date