

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40443

Entity Name: BODY OF CHRISTIAN BELIEVERS, INC.**Current Principal Place of Business:**27800 SW 127 AVENUE
HOMESTEAD, FL 33032**Current Mailing Address:**8 MEADOWLAKE CIRCLE S
LAKE PLACID, FL 33852 US**FEI Number:** 65-0302370**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLEM CLARENCE, CLEM THERESA
8 MEADOWLAKE CIRCLE S
LAKE PLACID, FL 33852 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 | CLEM, CLARENCE L |
| Address | 8 MEADOWLAKE CIRCLE S |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|-----------------|------------------|
| Title | CO-TRUSTEE |
| Name | MCGRIFF, MARY J |
| Address | 318 SHORT AVENUE |
| City-State-Zip: | HAVANA FL 32333 |

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|-----------------|--------------------|
| Title | TRUSTEE |
| Name | REDD, GLORIA |
| Address | 28160 SW 138 CT |
| City-State-Zip: | HOMESTEAD FL 33033 |

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|-----------------|-----------------------|
| Title | PD |
| Name | CLEM, THERESA M |
| Address | 8 MEADOWLAKE CIRCLE S |
| City-State-Zip: | LAKE PLACI FL 33852 |

| | |
|-----------------|------------------------------------|
| Title | TR |
| Name | CLEM, CLARENCE L JR. |
| Address | 14059 RIVEREDGE DRIVE APT. 4307 |
| City-State-Zip: | TEMPLE TERRACE FL 33637 |

| | |
|-----------------|---------------------|
| Title | CO-TRUSTEE |
| Name | CLAYTON, ALANA |
| Address | 13851 SW 282 STREET |
| City-State-Zip: | HOMESTEAD FL 33033 |

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**REGISTERED AGENT****04/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date