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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719795

1. Corporation Name

THE BODY OF CHRIST MINISTRIES, INC.

Principal Place of Business

C/O LAKE SHORE UNITED METHODIST CHURCH
2246 BLANDING BLVD
JACKSONVILLE FL 32210

Mailing Address

C/O LAKE SHORE UNITED METHODIST CHURCH
2246 BLANDING BLVD
JACKSONVILLE FL 32210



2. Principal Place of Business

21 C/O FAITH UNITED METHODIST CHURCH

22 Suite, Apt. #, etc. 4000 SPRING PARK RD.

23 City & State JACKSONVILLE, FL

24 Zip 32207 Country 25 USA

2a. Mailing Address

26 1214 MORVENWOOD RD.

27 Suite, Apt. #, etc. 4000 SPRING PARK RD.

28 City & State JACKSONVILLE, FL

29 Zip 32207 Country 30 USA

3. Date Incorporated or Qualified

12/03/1970

4. FEI Number

59-1401103

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEGHERS JR, FRANK B
1647 LONDONDERRY RD
JACKSONVILLE FL 32210-1229
1214 MORVENWOOD RD.
JACKSONVILLE, FL
32207-5364

10. Name and Address of New Registered Agent

81 Name SEGHERS, FRANK B., JR.
82 Street Address (P.O. Box Number is Not Acceptable)
1214 MORVENWOOD RD.
83
84 City JACKSONVILLE, FL 85 Zip Code 32207-5364

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Frank B. Seghers, Jr.
Signature, typed or printed name of registered agent and title if applicable.

FRANK B. SEGHERS, JR.

5/6/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME SEGHERS, MRS. F.B., JR.
STREET ADDRESS 1647 LONDONDERRY RD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE PTD ☐ DELETE

NAME SEGHERS, FRANK B, JR
STREET ADDRESS 1647 LONDONDERRY RD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE

NAME SEGHERS, JET W
STREET ADDRESS 1214 MORVENWOOD RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1214 MORVENWOOD RD.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207-5364

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1214 MORVENWOOD RD
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32207-5364

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32207-5364

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank B. Seghers, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)