

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719795

1. Entity Name

THE BODY OF CHRIST MINISTRIES, INC.

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90002 007 \*\*\*\*70.00

772244



DO NOT WRITE IN THIS SPACE

Principal Place of Business % FAITH UNITED METHODIST CHURCH 4000 SPRING PARK RD JACKSONVILLE FL 32207		Mailing Address % FAITH UNITED METHODIST CHURCH 4000 SPRING PARK RD JACKSONVILLE FL 32207	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1401103		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SEGHERS JR, FRANK B 1214 MORVENWOOD RD JACKSONVILLE FL 32207-5364		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORVENWOOD City FL Zip Code	
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8. 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.

FRANK B. SEGHERS, JR.  
 SIGNATURE: *Frank B. Seghers* DATE: 5/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEGHERS, MRS. F.B., JR. 1214 MORVENWOOD RD JACKSONVILLE FL 32207-5364 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spelling correction MORVENWOOD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEGHERS, FRANK B, JR 1214 MORVENWOOD RD JACKSONVILLE FL 32207-5364 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORVENWOOD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGHERS, JET W 1214 MORVENWOOD RD JACKSONVILLE FL <input type="checkbox"/> Delete Add Zip	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32207-5364 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank B. Seghers* FRANK B. SEGHERS, JR. 5/30/01 904.737.4899

CR2E037 (10/00)