2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719795

FILED Jan 23, 2006 Secretary of State

Entity Name: THE BODY OF CHRIST MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O DR. F.B. SEGHERS 1214 MORVENWOOD RD. JACKSONVILLE, FL 322075364

Current Mailing Address: New Mailing Address:

C/O DR. F.B. SEGHERS 1214 MORVENWOOD RD. JACKSONVILLE, FL 322075364

FEI Number: 59-1401103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SEGHERS JR, FRANK B

1214 MORVENWOOD RD

JACKSONVILLE, FL 322075364 US

SEGHERS, FRANK B DR

1214 MORVENWOOD RD

JACKSONVILLE, FL 322075364 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: DR. FRANK B. SEGHERS 01/23/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VSD () Delete
 Title:
 VSD (X) Change () Addition

 Name:
 SEGHERS, MRS. F.B.,, JR.
 Name:
 SEGHERS, BARBARA S MRS

 Address:
 1214 MORVENWOOD RD
 Address:
 1214 MORVENWOOD RD

 City-St-Zip:
 JACKSONVILLE, FL 322075364 US
 City-St-Zip:
 JACKSONVILLE, FL 322075364 US

Title: PTD () Delete Title: PTD (X) Change () Addition Name: SEGHERS, FRANK B, JR, Name: SEGHERS, FRANK B DR Address: 1214 MORVENWOOD RD Address: 1214 MORVENWOOD RD

City-St-Zip: JACKSONVILLE, FL 322075364 US City-St-Zip: JACKSONVILLE, FL 322075364 US

Title: D () Delete Title: D (X) Change () Addition
Name: JOHNSON, WILLIAM Name: JOHNSON, WILLIAM R MR
Address: 4422 HERSCHEL ST. Address: 4422 HERSCHEL ST.

 Address:
 4422 HERSCHEL ST.
 Address:
 4422 HERSCHEL ST.

 City-St-Zip:
 JACKSONVILLE, FL 32210 US
 City-St-Zip:
 JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. FRANK B. SEGHERS PTD 01/23/2006