

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003225 (7)**

1. Corporation Name

THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC.



Principal Place of Business	Mailing Address
329 SW 27TH AVE. FT. LAUDERDALE FL 33312	329 SW 27TH AVE. FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

22-3050649

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, NELEATER A
517 WEST CAMPUS CIRCLE
FT. LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.21.98

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ALLEN, CLIVE	
STREET ADDRESS	27 BAIRD ST.	
CITY-ST-ZIP	DORCHESTER MA 02124	

TITLE	C	<input type="checkbox"/> DELETE
NAME	MARAJ, BETHY	
STREET ADDRESS	11 LONGFELLOW ST.	
CITY-ST-ZIP	DORCHESTER MA 02124	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, NELEATER	
STREET ADDRESS	517 WEST CAMPUS CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, DIANE	
STREET ADDRESS	8 BALSAM ST.	
CITY-ST-ZIP	DORCHESTER MA 02124	

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALLEN, N.A. PASTOR	
STREET ADDRESS	517 WEST CAMPUS CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, HAROLD	
STREET ADDRESS	517 WEST CAMPUS CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DEACON DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEAFORD BERNARD	
1.3 STREET ADDRESS	329 S.W. 27TH AVE, FT. LAUDERDALE FL 33312	
1.4 CITY-ST-ZIP	FL 33312	

2.1 TITLE	PASTOR DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VERNON ASHTON	
2.3 STREET ADDRESS	117 BARSON ST. MATTHEW MASS.	
2.4 CITY-ST-ZIP	02126	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCMANUS, DIANE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Neleater Allen

1.21.98

CFR2037 (10/97)