


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90048 012 ****70.55

0037342

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000003225

1. Corporation Name

THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC.

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

Mailing Address
 329 SW 27TH AVE.
 FT. LAUDERDALE FL 33312

90604 - 90048 - 12



2. Principal Place of Business 21 3218 W. BROWARD BLVD. FT. LAUDERDALE FL 33312 Suite, Apt. #, etc.	2a. Mailing Address 26 3218 W. BROWARD BLVD FT. LAUDERDALE, FL 33312 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/26/1996
22 City & State	27 City & State	4. FEI Number 22-3050649
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ALLEN, NELEATER A 517 WEST CAMPUS CIRCLE FT. LAUDERDALE FL 33312	10. Name and Address of New Registered Agent 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 *Neleater Allen* 1-7-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DD <input checked="" type="checkbox"/> DELETE NAME MCMANUS, DIANE STREET ADDRESS 329 SW 27TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33312	1.1 TITLE <input checked="" type="checkbox"/> V 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CADAT OKERA BRODERICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3218 W. BROWARD BLVD. FT LAUDERDALE FLORIDA 33312	2.1 TITLE <input checked="" type="checkbox"/> V 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE PD <input type="checkbox"/> DELETE NAME ASHTON, VERNON STREET ADDRESS 117 BABSON ST CITY-ST-ZIP MATTPHAN MA 02126	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CYNTHIA VICTORIA SOLOMON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 830 N.W. 39th Street ST. LAUDERDALE FLORIDA 33312	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE NAME ALLEN, NELEATER STREET ADDRESS 517 WEST CAMPUS CIRCLE CITY-ST-ZIP FT. LAUDERDALE FL 33312	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE NAME LEAFORD, BERNARD STREET ADDRESS 8 BALSAM ST. CITY-ST-ZIP DORCHESTER MA 02124	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P <input type="checkbox"/> DELETE NAME ALLEN, N.A. PASTOR STREET ADDRESS 517 WEST CAMPUS CIRCLE CITY-ST-ZIP FT. LAUDERDALE FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V <input type="checkbox"/> DELETE NAME ALLEN, HAROLD STREET ADDRESS 517 WEST CAMPUS CIRCLE CITY-ST-ZIP FT. LAUDERDALE FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Neleater Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 954-316-8854
 Date Daytime Phone #

CR2E037 (11/98)