

F96000003225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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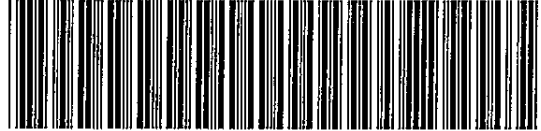
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC.
(Name of corporation)

DOCUMENT NUMBER: F96000003225

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

DR. NELEATER ALLEN
(Name of Person)

THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC.
(Firm/Company)

1068 LONG ISLAND AVENUE SUITE 1
(Address)

PLANTATION, FLORIDA 33312
(City/State and Zip code)

For further information concerning this matter, please call:

DR. NELEATER ALLEN at (754)234-5169
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN
FLORIDA

THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC.

(Name of Corporation)

F96000003225

(Document Number of Corporation (if known))

THE COMMONWEALTH OF MASSACHUSETTS

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

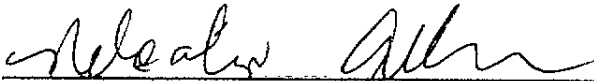
1068 Long Island Avenue Suite 1

(Mailing Address)

Plantation, Florida 33312

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

September 20, 2004

(Date)

Dr. Neleater Allen

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

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