

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003719

1. Entity Name

BODY OF CHRIST CHRISTIAN MINISTRIES INC.

Principal Place of Business

Mailing Address

P O BOX 15398
JACKSONVILLE FL 32239-5398

P O BOX 15398
JACKSONVILLE FL 32239-5398

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

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MACK C
2118 CESERY BLVD
JACKSONVILLE FL 32211

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GREEN, MACK C
STREET ADDRESS 2118 CESERY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME GREEN, RHONDA J
STREET ADDRESS 2118 CESERY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TREASURER
NAME GRACELIA L. GREEN
STREET ADDRESS 2118 CESERY BLVD
CITY-ST-ZIP JAX, FLA, 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

Mack C. Green 4-30-01 904-723-2016

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-16-2001 90200 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)