

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002018

1. Entity Name
THE BODY OF CHRIST MINISTRY OF FAITH, INC.



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
14221 N.W. 156TH PLACE
ALACHUA, FL 32616

Mailing Address
PO BOX 2176
ALACHUA, FL 32616

(N02000002018N)

03032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
50-0002617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, CHARLES R
14221 N.W. 156TH PLACE
ALACHUA, FL 32616

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000127095
04/23/04-80060-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUNT, CHARLES R P.O. BOX 2176 ALACHUA, FL 32616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, KIMBERLY P.O. BOX 187 2287 ALACHUA, FL 32616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASEY, ROSS P.O. BOX 654 ALACHUA, FL 32616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Kimberly A. Hunt* Kimberly A. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 (352) 392-2910 x11
Date Daytime Phone #