


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002018</b> <small>1. Entity Name</small> THE BODY OF CHRIST MINISTRY OF FAITH, INC.	
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<b>Principal Place of Business</b> 14221 N.W. 156TH PLACE ALACHUA, FL 32616	<b>Mailing Address</b> PO BOX 2176 ALACHUA, FL 32616
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 50-0002617	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE

**7. 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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	HUNT, CHARLES R
<b>STREET ADDRESS</b>	P.O. BOX 2176
<b>CITY-ST-ZIP</b>	ALACHUA, FL 32616
<b>TITLE</b>	D
<b>NAME</b>	HUNT, KIMBERLY
<b>STREET ADDRESS</b>	P.O. BOX 181
<b>CITY-ST-ZIP</b>	ALACHUA, FL 32616
<b>TITLE</b>	D
<b>NAME</b>	KASEY, ROSS
<b>STREET ADDRESS</b>	P.O. BOX 654
<b>CITY-ST-ZIP</b>	ALACHUA, FL 32616
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE

000000336168  
04/27/05-80114-017 61.25

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **4-25-05** **(352) 392-2710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #