2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002018

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

Principal Place of Business	Mailing Address
14221 N.W. 156TH PLACE	~~P.O. BOX 2176~~ *14221 NW 156th PL*
ALACHUA, FL 32616	ALACHUA, FL 32616

40106828

DO NOT WRITE IN THIS SPACE

05062008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
50-0002617	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

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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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   5-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #