

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90404 015 \*\*\*\*\*75.00

**DOCUMENT # N02000004999**

1. Entity Name  
**THE BODY OF JESUS CHRIST, OUT-REACH MINISTRY, INC.**



Principal Place of Business  
**5 NORTH MADISON ST  
QUINCY FL 32351**

Mailing Address  
**437 DOGTOWN RD  
QUINCY FL 32352**

2. Principal Place of Business  
**5 North Madison**

3. Mailing Address  
**437 Dogtown Rd**

City & State  
**Quincy, Fla.**

City & State  
**Quincy, Fla.**

Zip  
**32351**

Country  
**USA**

Zip  
**32352**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**CHARLESTON, WESLEY L  
437 DOGTOWN RD  
QUINCY FL 32352**



MOORE CR2E037 (11/03)

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired  
**8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
**Same**

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

SIGNATURE **Wesley L. Charleston** **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CHARLESTON, WESLEY L 437 DOGTOWN RD QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V CARROLL, MARILYN D 437 DOGTOWN RD QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MILLER, DAISY 341 DOGTOWN RD QUINCY FL 32352</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE **Wesley L. Charleston** **4/26/04**

Signature and typed or printed name of signing officer or director Date Day the Form is