

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004999

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



FILED
05 MAY -2 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 St.

3. Mailing Address
437 Dogtown Rd.

Suite, Apt. #, etc.

City & State
Quincy, Fla. 32351

City & State
Quincy, Fla.

Zip
32351

Country
America

Zip
32352

Country
America

04272005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLESTON, WESLEY L
437 DOGTOWN RD
QUINCY, FL 32352

7. Name and Address of New Registered Agent

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

SIGNATURE *Wesley L. Charleston* DATE 5/1/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	P CHARLESTON, WESLEY L 437 DOGTOWN RD QUINCY, FL 32352 <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	V CARROLL, MARILYN D 437 DOGTOWN RD QUINCY, FL 32352 <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	S MILLER, DAISY 341 DOGTOWN RD QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: *Wesley L. Charleston* DATE 5/1/05 880-576-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR T. Lewis