


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90059 049 ****61.25


0067611

DOCUMENT # N02000004999	
1. Entity Name THE BODY OF JESUS CHRIST, OUT-REACH MINISTRY, IN C.	

Principal Place of Business 437 DOGTOWN RD QUINCY FL 32352	Mailing Address 437 DOGTOWN RD QUINCY FL 32352
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2. Principal Place of Business 5 North Madison st.	3. Mailing Address 437 Dogtown Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Quincy, Fla.	City & State Quincy, Fla.
Zip 32351	Zip 32352
Country America	Country America



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <u>Sam</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 Wesley L. Charleston DATE 8/26/03

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLESTON, WESLEY L 437 DOGTOWN RD QUINCY FL 32352 <input checked="" type="checkbox"/> Delete <u>Same W.L.C.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAPP, RODNEY D 437 DOGTOWN RD QUINCY FL 32352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIDGES CHARLESTON, LAKESHIA 341 DOGTOWN RD QUINCY FL 32352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Marilyn D. Carroll</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Marilyn D. Carroll</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Daisy Miller</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Daisy J. Miller</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 empowered.

SIGNATURE: Wesley L. Charleston 8/26/03 850-576-983

SIGNATURE REQUIRED

CR2E037 (10/02)