

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008244

FILED
Mar 23, 2005
Secretary of State

Entity Name: THE BODY OF CHRIST INTERNATIONAL INC.

Current Principal Place of Business:

734 EDGEWILD CT
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

734 EDGEWILD CT
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 02-0702070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REA, MIKE
734 EDGEWILD CT
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DODD, BRIAN
Address: 1604 LITTLE SPARROW CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: REA, MIKE
Address: 734 EDGEWILD CT
City-St-Zip: ORNAGE CITY, FL 32763

Title: D () Delete
Name: GIRGENTI, ROBIN
Address: 1690 GLADIOLAS DR
City-St-Zip: WINTER PK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REA, KIMBERLY
Address: 734 EDGEWILD CT
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIRGENTI, ROBIN
Address: 3509 SEAFORD LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Change (X) Addition
Name: GIRGENTI, RUSS
Address: 3509 SEAFORD LANE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE REA

D

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date