

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010320

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** BODY OF CHRIST ASSEMBLY, INC.

**Current Principal Place of Business:**

1441 E. FLETCHER AVE  
SUITE 201  
TAMPA, FL 33612 US

**New Principal Place of Business:**

1441 E. FLETCHER AVE  
SUITE 202C  
TAMPA, FL 33612 US

**Current Mailing Address:**

1441 E. FLETCHER AVE  
SUITE 201  
TAMPA, FL 33612 US

**New Mailing Address:**

1441 E. FLETCHER AVE  
SUITE 202C  
TAMPA, FL 33612 US

**FEI Number:** 20-2180552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVALY, EDDIE  
14639 PINE GLEN CIRCLE  
LUTZ, FL 33559 US

**Name and Address of New Registered Agent:**

AME, PETER  
10200 N ARMENIA AVENUE  
APT 3707  
TAMPA, FL 33612 US

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: PETER AME

10/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAVALY, EDDIE  
Address: 14639 PINE GLEN CIRCLE  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: AGBOOLA, MODUPE  
Address: 28343 OPENFIELD LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: SEYMOUR, HENRY  
Address: 17960 HOLLYBROOK DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: D ( ) Delete  
Name: AJAYI, MODUPE  
Address: 27507 WAIKIKI COURT  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PETER, AME  
Address: 10200 N ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition  
Name: AFOLABI, JOSEPH  
Address: 18027, JAVA ISLE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D (X) Change ( ) Addition  
Name: AGBEDE, ABOLAJI  
Address: 1342, FLAXWOOD AVENUE  
City-St-Zip: BRANDON, FL 33511 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER AME

D

10/13/2009

Electronic Signature of Signing Officer or Director

Date