

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90055 004 \*\*\*\*66.50

**DOCUMENT # N04000010495**

1. Entity Name

**THE CHURCH OF JESUS CHRIST BODY MINISTRY,  
INC.**



Principal Place of Business

3801 NW 4TH ST.  
FT. LAUDERDALE FL 33311

Mailing Address

3801 NW 4TH ST.  
FT. LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

22-3050649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, NELEATER A PASTOR  
4085 TORRES CIRCLE  
WEST PALM BEACH FL 33409**

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

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, 2007**

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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>ALLEN, NELEATER A PRESIDE<br>4085 TORRES CIRCLE<br>WEST PALM BEACH FL 33409 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | V<br>ALLEN, HAROLD W VICE-PR<br>4085 TORRES CIRCLE<br>WEST PALM BEACH FL 33409   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>ASHTON, VERNON SR.<br>830 AZALEA CT.<br>PLANTATION FL 33317                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | O<br>WILSON, DARNETTE<br>748 W. DAYTON CIRCLE<br>FT. LAUDERDALE FL 33312         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | T<br>BRODERICK, TANIA<br>3850 JACKSON BLVD.<br>FT. LAUDERDALE FL 33312           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>MILLIGEN, BARBARA<br>3801 NW 4TH ST<br>FT. LAUDERDALE FL 33311              | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D.<br>Angeline Heather Ashton<br>830 Azalea CT<br>Plantation FL 33317          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | O<br>Cadat OKERA BRODERICK<br>4085 TORRES CIRCLE<br>West Palm Beach FL 33409   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | O<br>Anderson, Janet Byrd<br>3801 NW 4th Street<br>Plantation FL 33311         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | O<br>Griffitts, Ainsley<br>6100 N.W. 20th<br>Sunrise FL 33311                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>STRAKER, CLOVER M.  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>Mullins, Dotaya D.N.<br>59 College Ave<br>Box 1446, BUCKHANNON, W.V 26201 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Neleator A. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/07* *254-284-5169*