2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003861

FILED Feb 14, 2008 Secretary of State

Entity Name: BODY OF OUR LORD JESUS CHRIST MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 5100 DOUG TAYLOR CIRCLE ST. JAMES CITY, FL 33956 **Current Mailing Address: New Mailing Address:** 5100 DOUG TAYLOR CIRCLE ST. JAMES CITY, FL 33956 FEI Number: 65-0377551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARR, GENE W 5920 SAILFISH RD. BOKEELIA, FL 33956 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARR, GENE W Name: Name: 5920 SAILFISH RD Address: Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: Title: () Delete Title: (X) Change () Addition GROTTANELLI, LAURA Name: GROTTANELLI, LAURA Name: Address: 7431 BARRANCAS AVE Address: 6090 MANNHEIM RD City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: BOKEELIA, FL 33922 Title: () Delete Title: () Change () Addition CLAYTON, STEVE Name: Name: 1106 SE.28TH TERRACE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: CLAYTON, JENNIFER Name: CLAYTON, JENNIFER 1753 FOUR MILE COVE PKWY # 127 Address: 421 SE. 23RD PLACE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: () Change () Addition FARR, CAROLYN Name: Name: 5920 SAILFISH RD Address: Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: Title: () Delete Title: (X) Change () Addition GROTTANELLI, KEITH GROTTANELLI, KEITH Name: Name: Address: 7431 BARRANCAS AVE Address: 6090 MANNHEIM RD BOKEELIA, FL 33922 BOKEELIA, FL 33922 City-St-Zip: 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: GENE W. FARR PT 02/14/2008