


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90013 047 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N05000008242</b>                             |  |
| 1. Entity Name<br><b>THE ANOINTED BODY OF CHRIST, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2725 N. LAURA STREET<br/>JACKSONVILLE, FL 32206</b> | Mailing Address<br><b>2725 N. LAURA STREET<br/>JACKSONVILLE, FL 32206</b> |
|---|---|

**50021004**



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>1727 LINARES WAY</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1727 LINARES WAY</b><br>Suite, Apt. #, etc. |
|--|--|

04212006 Chg-NP CR2E037 (11/05)

|   |   |
|---|---|
| City & State<br><b>JACKSONVILLE, FL</b> | City & State<br><b>JACKSONVILLE, FL</b> |
| Zip<br><b>32221</b>                     | Country<br><b>DUVAL</b>                 |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>26-0124160</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYD, DAVID M PASTOR  
1821 GREEN VALLEY  
LEESBURG, FL 34749**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25  
Due by May 1, 2006

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 | <b>D<br/>BOYD, SR., DAVID PASTOR<br/>1821 GREEN VALLEY WAY<br/>LEESBURG, FL 34749</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RANDOLPH, MARY L<br/>1751 GREEN VALLEY WAY<br/>LEESBURG, FL 34749</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BOYD, SR., PHARO<br/>1751 GREEN VALLEY WAY<br/>LEESBURG, FL 34749</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR<br/>BOYD, MARY L.<br/>1751 GREEN VALLEY WAY<br/>LEESBURG, FL 34749</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR<br/>BOYD, PHARO<br/>1751 GREEN VALLEY WAY<br/>LEESBURG, FL 34749</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR<br/>HILL-BOYD, RENEE<br/>1727 LINARES WAY<br/>JACKSONVILLE, FL 32221</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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: David M. Boyd APRIL 29, 2006 704-695-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-252-7888