

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008242

1. Entity Name
THE ANOINTED BODY OF CHRIST, INC.



FILED

09 JAN 20 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1727 LINARES WAY
JACKSONVILLE, FL 32221

Mailing Address
1727 LINARES WAY
JACKSONVILLE, FL 32221

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

4783 LENOX AVE.

3. Mailing Address

4783 LENOX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32205

Country

U.S.A.

Zip

32205

Country

U.S.A.



0113/09 REINSTATEMENT 08-09 (1/07)

4. FEI Number
26-0124160

Applied For
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 David M. Boyd, Sr.

Street Address (P.O. Box Number is Not Acceptable)

4783 LENOX AVE.

City JACKSONVILLE

FL

Zip Code 32205

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, Sr.

(NOTE: Registered Agent signature required when reinstating)

1/13/09

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOYD, SR., DAVID PASTOR
STREET ADDRESS 1821 GREEN VALLEY WAY
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D ☐ Delete
NAME BOYD, MARY L
STREET ADDRESS 1751 GREEN VALLEY WAY
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D ☐ Delete
NAME BOYD, PHARO
STREET ADDRESS 1751 GREEN VALLEY WAY
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D ☐ Delete
NAME HILL-BOYD, RENEE
STREET ADDRESS 1727 LINARES WAY
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100141880551
STREET ADDRESS 01/23/09--01005--008 **131.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 line empowered.

SIGNATURE:

David M. Boyd, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/09

Date

(904) 405-4548

Daytime Phone #