

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001046			
1. Entity Name THE BODY OF JESUS CHRIST GOSPEL MINISTRIES INC.			
Principal Place of Business 437 DOGTOWN ROAD QUINCY, FL 32352		Mailing Address 437 DOGTOWN ROAD QUINCY, FL 32352	
2. Principal Place of Business - No P.O. Box # 1406		3. Mailing Address 437	
Suite, Apt. #, etc. Live Oak Rd		Suite, Apt. #, etc. Dogtown Rd	
City & State Quincy, FL		City & State Quincy, FL	
Zip 32351	Country Gadsden	Zip 32352	Country Florida
6. Name and Address of Current Registered Agent CHARLESTON, LILLIAN 437 DOGTOWN ROAD QUINCY, FL 32352		4. FEI Number 68-0621076 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 <u>Lillian S Charleston</u> <u>Lillian S Charleston</u> <u>2-27-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLESTON, WESLEY L 437 DOGTOWN ROAD QUINCY, FL 32352 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLESTON, LILLIAN S 437 DOGTOWN ROAD QUINCY, FL 32352 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, LATONYA R 3187 HUNTINGTON WOOD TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lakeisha Bridges 341 Dogtown Rd Quincy FL 32352 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <u>Lillian Charleston</u> <u>Lillian Charleston</u> <u>2-27-07</u> <u>850-627-1702</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			