

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001046

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE BODY OF JESUS CHRIST GOSPEL MINISTRIES INC.

**Current Principal Place of Business:**

1406 LIVE OAK RD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

437 DOGTOWN ROAD  
QUINCY, FL 32352

**New Mailing Address:**

**FEI Number:** 68-0621076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARLESTON, LILLIAN  
437 DOGTOWN ROAD  
QUINCY, FL 32352 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: CHARLESTON, WESLEY L  
Address: 437 DOGTOWN ROAD  
City-St-Zip: QUINCY, FL 32352

Title: V ( ) Delete  
Name: CHARLESTON, LILLIAN S  
Address: 437 DOGTOWN ROAD  
City-St-Zip: QUINCY, FL 32352

Title: S ( ) Delete  
Name: BRIDGES, LAKEISHA  
Address: 341 DOGTOWN RD.  
City-St-Zip: QUINCY, FL 32352

Title: AP (X) Delete  
Name: RICHARDSON, ARLESIA S  
Address: 1445 SILVER SADDLER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LILLIAN CHARLESTON

V

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date