## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008810

Name:

Address:

City-St-Zip:

REYNOSO, AGNES

ORLANDO, FL 32822

2040 AMBERGRIS DRIVE

W. N. DODY OF ONE MUNICIPAL

FILED Apr 26, 2008 Secretary of State

Entity Name: BODY OF ONE MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2040 AMBERGRIS DR ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 2040 AMBERGRIS DR ORLANDO, FL 32822 FEI Number: 20-5890811 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: TROLLINGER, SARA E 2036 36TH ST ORLANDO, FL 32839 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: () Change () Addition () Delete REYNOSO, FRANK MR. Name: Name: 2040 AMBERGRIS DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LUCARINI, CARRIE Name: Address: 2092 AMBERGRIS DRIVE Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change ( ) Addition FYOCK, BRYAN WEEKS, WILLIAM Name: Name: 8116 BROCATEL CT. Address: Address: 8116 BROCATEL CT. City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: TREA ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK REYNOSO PRES 04/26/2008