## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 11, 2005 8:00 am **Secretary of State DOCUMENT # N23663** 03-11-2005 90875 001 \*\*\*\*61.25 THE BODY OF CHRIST JESUS CHURCH, INC. 03-11-2005 90875 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address **106 HARBOR STREET 106 HARBOR STREET** P.O.BOX 1198 P.O.BOX 1198 PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 Chg-NP CR2E037 (10/03) City & State Applied For 4. FEI Number 59-2920131 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name part put present Hew Registered Agent Name SWANSTON; WILHELMINA Street Address (P.O. Box Number is Not Acceptable) 108 HARBOR ST PORT ST. JOE, FL 32456 City 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. lhelmina Swanston 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MLE Delete TITLE Addition ☐ Change SWANSTON, WILHELMINA KALAF NAME STREET ADDRESS 108 HARBOR ST. STREET ADDRESS CITY-ST-ZIP PORT ST. JOE. FL CITY-ST-ZIP D TITLE ☐ Delete TITLE Change Addition FENNELL, EVA MAE NAME NAME FENNELL, EVA MAE STREET ADDRESS **302 AVENUE ED** STREET ADDRESS 302 AVENUE E CITY-ST-7IP PORT ST. JOE, FL CITY-ST-ZIP PORT ST.JOE, Delete TITLE TITLE ☐ Change ☐ Addition NICKSON, DONALD NAME NAME 134 AVENUE F STREET ADDRESS STREET ADDRESS PORT ST. JOE, FL CITY-ST-ZIP CITY-ST-ZIP TIFLE TR Delete Change TOF Addition FENNELL, MICHAEL A. MICHAEL A. Fennell 404 Battle St. NAME NAME STREET ADDRESS 177 AVE F APT 6 STREET ADDRESS Port St.Joe, Fl 32456 CITY-ST-ZIP PT ST JOE, FL 32458 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MARTIN, VERNIE R NAME NAME STREET ADORESS 110 ROYAL ST STREET ADDRESS PORT ST JOE, FL 32456 CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: W	chilminatury for wither	Lmina_Swanston	8 March 2005
	IGNATURE AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR	Date	Daytime Phone #