

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31850

1. Entity Name

THE BODY OF CHRIST CHURCH INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90080 034 ****70.00

Principal Place of Business

3921 E. OSBORNE
TAMPA FL 33610
US

Mailing Address

3921 E. OSBORNE
TAMPA FL 33610-6653
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3053905

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, BENJAMIN
2307 E. OSBORNE
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

D

☐ Delete

NAME

CLARK, BENJAMIN C.

STREET ADDRESS

2307 E. OSBORNE

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ Delete

NAME

CLARK, LARCINA

STREET ADDRESS

2307 E. OSBORNE

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ Delete

NAME

POWELL, CLAUDETTE

STREET ADDRESS

8405 NORTH ARDEN AVE

CITY-ST-ZIP

TAMPA FL

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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 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 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:

Benjamin C. Clark, Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
Date

(813) 236-1258
Daytime Phone #

CF2E037 (9/99)