


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90415 033 ****70.00

DOCUMENT # N41154
 1. Entity Name
THE BODY OF CHRIST, INC.



Principal Place of Business
 PO BOX 634
 QUINCY, FL 32353

Mailing Address
 PO BOX 634
 QUINCY, FL 32353

14014268



2. Principal Place of Business
21192 Rose Place
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04292005 Chg-NP CR2E037 (10/03)

City & State
Blountstown, FL.

City & State

Zip
32424 Country
Calhoun

Zip Country

4. FEI Number
59-3048427

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUNN, HERBERT C.
4791 HOSFORD HIGHWAY
QUINCY, FL 32351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GUNN, HERBERT	
STREET ADDRESS	4791 HOSFORD HIGHWAY	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLAYTON, EVELYN	
STREET ADDRESS	474 LONG PINE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	T	<input type="checkbox"/> Delete
NAME	FUDGE, FELICIA	
STREET ADDRESS	623 4TH STREET	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Herbert C. Gunn Herbert C. Gunn 4/29/05 (850) 227-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #