

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

06 MAY -1 AM 9:30

Principal Place of Business 21192 ROSE PLACE BLOUNTSTOWN FL 32424	Mailing Address PO BOX 634 QUINCY FL 32353
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3048427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNN, HERBERT C. 4791 HOSFORD HIGHWAY QUINCY FL 32351	Name Street Address (P.O. Box Number is Not Acceptable) City
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7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code
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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.

300075093313

05/23/06--01007--020 **61.25

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Felicia Koene Judke* *May 1, 2006*