


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07 JUN 29 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06292007 Chg-NP CR2E037 (12/06)

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

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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000105654300
STREET ADDRESS	07/06/07--01064--003 **70.00
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 exemptions contained 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 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 K. Fudge June 29, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #