

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N41154

1. Entity Name
THE BODY OF CHRIST, INC.



16 OCT 13 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2119 ROSE PLACE 21194
BLOUNTSTOWN, FL 32424

Mailing Address
PO BOX 4
BLOUNTSTOWN, FL 32324



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132016 REIN-NP

CR2E099 (12/11)

City & State

City & State

4. FEI Number
59-3048427

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNN, FELICIA
4791 HOSFORD HIGHWAY
QUINCY, FL 32351

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

Felicia K. Gunn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2017, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME GUNN, HERBERT C
STREET ADDRESS 4701 HOSFORD HIGHWAY P.O. BOX 4
CITY- ST- ZIP QUINCY, FL 32351 Blountstown, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T
NAME GUNN, FELICIA
STREET ADDRESS 823 4TH STREET P.O. BOX 4
CITY- ST- ZIP QUINCY, FL 32351 Blountstown, FL 32424

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T
NAME PETERSON, ORDEAN
STREET ADDRESS 16018 S.E. MARTIN STREET
CITY- ST- ZIP BLOUNTSTOWN, FL 32424

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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. Gunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS

REINSTATEMENT

OCT 13 2016

R. HUNT