

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

NOTICE
FILED

16 OCT 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N41154

1. Entity Name
THE BODY OF CHRIST, INC.

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 Delete
NAME GUNN, HERBERT C
STREET ADDRESS ~~4701 HOSFORD HIGHWAY~~ ^{P.O. BOX 4}
CITY- ST- ZIP ~~QUINCY, FL 32351~~ ^{Blountstown, FL}

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME ~~GUNN, FELICIA~~ ^{P.O. BOX 4}
STREET ADDRESS ~~825 4TH STREET~~ ^{Blountstown, FL}
CITY- ST- ZIP ~~QUINCY, FL 32351~~ ³²⁴²⁴

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000291221320
10/13/16--01004--010 \$236.25

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000291221320
10/13/16--01004--011 \$236.25

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
REINSTATEMENT

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
R.H.

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
OCT 13 2016
R. HUNT

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