2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N41642

1. Entity Name
THE BODY OF CHRIST NATIONAL CONVENTION, INC.

Principal Place of Business	Mailing Address
58 N.W. 46TH ST. MIAMI, FL 33127	58 N.W. 46TH ST. MIAMI, FL 33127

04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0246572
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, JOSEPH E
2310 NW 58TH STREET
MIAMI, FL 33142

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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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	WILLIAMS, DELLA
STREET ADDRESS	58 N.W. 46TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VSD
NAME	DAVIS, DELORIS
STREET ADDRESS	3080 NW 76TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	WATSON, JOSEPH
STREET ADDRESS	6200 S.W. 62 ST.
CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	PD
NAME	BROWN, JOSEPH JR
STREET ADDRESS	18032 SW 113 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DT
NAME	BRAITHWAITE, WILLE BELL
STREET ADDRESS	18415 NW 23RD CT
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80042-003 61.25

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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: Deloris Davis DELORIS DAVIS 4/22/08 305 961-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #