


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46466** (1)

1. Corporation Name

**THE BODY OF CHRIST (THE CHURCH CONTINUING IN THE
APOSTLES' DOCTRINE) INC.**

Principal Place of Business

Mailing Address

P.O. BOX 501
HAVANA FL 32333

P.O. BOX 501
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1991	3a. Date of Last Report 04/25/1996
4. FEI Number 59-3138573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOWERS, JEROME
HWY. 12 WEST
HAVANA FL 32333**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHOWERS, JEROME	
STREET ADDRESS	P.O. BOX 501 N/A	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WALKER, DORA	
STREET ADDRESS	RT 2 BOX 129 N/A	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OWENS, GLORIA E.	
STREET ADDRESS	P.O. BOX 484 N/A	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	SHOWERS, TYNEASE	
STREET ADDRESS	P.O. BOX 501 N/A	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARRIS, TONYA	
STREET ADDRESS	RT 2 BOX 124RR N/A	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OWENS, CLIFFORD	
STREET ADDRESS	P.O. BOX 484 N/A	
CITY-ST-ZIP	HAVANA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

7/20/97 604538 522

CR2E037 (4/97)