

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 29 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morth</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

3. Date Incorporated or Qualified

**12/16/1991**

4. FEI Number

**59-3138573**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Col

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

Name

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

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

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| 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        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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 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 the 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]* 6/12/98

550539 5736

CR2E037 (10/97)