

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N46466

1. Entity Name

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



Principal Place of Business

6933 HAVANA HIGHWAY
HAVANA, FL 32333

Mailing Address

POST OFFICE BOX 501
HAVANA, FL 32333

FILED

04 JUL 28 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282004 No Chg-NP

CR2E037 (10/03)

04

4. FEI Number
59-3138573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHOWERS, JEROME SR.
6933 HAVANA HIGHWAY
HAVANA, FL 32333

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SHOWERS, JEROME SR.
STREET ADDRESS 6933 HAVANA HIGHWAY
CITY-ST-ZIP HAVANA, FL 32333

TITLE VST
NAME SHOWERS, TYNEASE
STREET ADDRESS 6933 HAVANA HIGHWAY
CITY-ST-ZIP HAVANA, FL 32333

TITLE TT
NAME LEE, LETITIA
STREET ADDRESS 138 SHERVIS LANE
CITY-ST-ZIP HAVANA, FL 32333

TITLE T
NAME WALKER, DORA
STREET ADDRESS 4031 ATTAPULGUS HIGHWAY
CITY-ST-ZIP QUINCY, FL 32351

TITLE T
NAME OWENS, CLIFFORD
STREET ADDRESS 138 SHERVIS LANE
CITY-ST-ZIP HAVANA, FL 32333

TITLE T
NAME HARRIS, ANDREA W.B.
STREET ADDRESS 29 SUGARMILL COURT
CITY-ST-ZIP HAVANA, FL 32333

600040252056
08/17/04-01061-010 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #