


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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. Name and Address of Current Registered Agent SHOWERS, JEROME SR. 6933 HAVANA HIGHWAY HAVANA, FL 32333				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT SHOWERS, JEROME SR. <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6933 HAVANA HIGHWAY			NAME	
STREET ADDRESS	HAVANA, FL 32333			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VST SHOWERS, TYNEASE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6933 HAVANA HIGHWAY			NAME	
STREET ADDRESS	HAVANA, FL 32333			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	TT LEE, LETITIA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 SHERVIS LANE			NAME	
STREET ADDRESS	HAVANA, FL 32333			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T WALKER, DORA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4031 ATTAPULGUS HIGHWAY			NAME	
STREET ADDRESS	QUINCY, FL 32351			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T OWENS, CLIFFORD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 SHERVIS LANE			NAME	
STREET ADDRESS	HAVANA, FL 32333			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T HARRIS, ANDREA W.B. <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	29 SUGARMILL COURT			NAME	
STREET ADDRESS	HAVANA, FL 32333			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/1/06 Daytime Phone # 850 534-5736	