

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP -2 PM 3:02

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N46466</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| <b>1. Entity Name</b><br>THE BODY OF CHRIST (THE CHURCH CONTINUING IN THE APOSTLES' DOCTRINE) INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| <b>Principal Place of Business</b><br>6933 HAVANA HIGHWAY<br>HAVANA, FL 32333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                   | <b>Mailing Address</b><br>POST OFFICE BOX 501<br>HAVANA, FL 32333  |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <b>3. Mailing Address</b>                                                                         |                                                                    |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Suite, Apt. #, etc.                                                                               |                                                                    |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | City & State                                                                                      |                                                                    | <b>4. FEI Number</b><br>59-3138573                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Country                                                                                           |                                                                    | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                 |                                                                                                        |  |
| SHOWERS, JEROME SR.<br>6933 HAVANA HIGHWAY<br>HAVANA, FL 32333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                   | FL Zip Code                                                        |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| <b>Filing Fee is \$61.25 Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                    | <b>Make check payable to Florida Department of State</b>                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PT<br>SHOWERS, JEROME SR.<br>6933 HAVANA HIGHWAY<br>HAVANA, FL 32333 | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VST<br>SHOWERS, TYNEASE<br>6933 HAVANA HIGHWAY<br>HAVANA, FL 32333   | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TT<br>LEE, LETITIA<br>138 SHERVIS LANE<br>HAVANA, FL 32333           | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T<br>WALKER, DORA<br>4031 ATTAPULGUS HIGHWAY<br>QUINCY, FL 32351     | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T<br>OWENS, CLIFFORD<br>138 SHERVIS LANE<br>HAVANA, FL 32333         | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T<br>HARRIS, ANDREA W.B.<br>29 SUGARMILL COURT<br>HAVANA, FL 32333   | <input type="checkbox"/> Delete                                                                   |                                                                    |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                   | 000135992530<br>09/17/08--01005--001 **122.50                      |                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                   | B 9/2/08                                                           |                                                                                                        |  |
| <b>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.</b> |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| <b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |
| Date: 9/2/08 Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                   |                                                                    |                                                                                                        |  |