FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:17

DOCUMENT # N93000001891 (1)

1. Corporation Name
BODY OF JESUS CHRIST MINISTRIES, INC.

Principal Place of Business	Mailing Address
3267 W. BROWARD BLVD FT LAUDERDALE FL 33311	4736 NW 6TH AVENUE POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 09/14/1994
4. FEI Number: 65-0427890 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 2600 Hammondville Rd.
22 Suite, Apt. #, etc. Suite # 14
23 City & State: Pompano Bch. FL
24 Zip: 33069 25 Country: Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARK, FREEMON A
1577 N DIXIE HWY
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☑ Change ☐ Addition D
NAME	SHELTON, CYNTHIA	1.2 NAME	MILLS, John TAKE off
STREET ADDRESS	1241 NW 24TH AVE	1.3 STREET ADDRESS	4736 NW 6th Ave
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Pompano Beach FL 33064
TITLE	T	2.1 TITLE	☑ Change ☐ Addition VTD
NAME	MILLS, TAMMIE	2.2 NAME	ARnette, GARY TAKE off
STREET ADDRESS	4736 NW 6TH AVE	2.3 STREET ADDRESS	2750 NW 56th Ave
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	LAUDERHILL FL
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, JOHN	3.2 NAME	
STREET ADDRESS	4736 NW 6TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, EUGENE AIV	4.2 NAME	
STREET ADDRESS	4736 NW 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	☐ Change ☐ Addition
NAME	ARNETTE, GARY	5.2 NAME	
STREET ADDRESS	2750 NW 56TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cynthia Shelton Feb 26/1995 942-5200 237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040123