

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # N96000006275.

1. Corporation Name
 The Body of Christ Ministry of Gainesville, FL

Principal Place of Business Mailing Address
 204 SE 21st St. P.O. Box 2176 Alachua, FL 32606

2. Principal Place of Business 2a. Mailing Address
 21 204 SE 21st St. 26 P.O. Box 2176
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Gainesville, FL 28 Alachua, FL
 Zip Country Zip Country
 24 32606 25 USA 29 32616 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 4. FEI Number Applied For
 11-06-036432-55C Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
 Charles Hunt
 P.O. Box 2176
 Alachua, FL 32616

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number if not Applicable)
 204 SE 21st Street
 83 City Gainesville FL 32601
 84 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: Charles R. Hunt
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Dir. Pres.	Hunt, Charles <input type="checkbox"/> DELETE	1.1 TITLE Dir. Treas.	Donald Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	P.O. Box 2176 N/A	1.3 STREET ADDRESS	1404 SE 3rd Terr
CITY-ST-ZIP	Alachua, FL 32616	1.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE Dir. VP	Hunt, Kimberly <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	P.O. Box 2176 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Alachua, FL 32616	2.4 CITY-ST-ZIP	
TITLE	Pinkney, W. L. Sr. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	633 NE 15th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32614	3.4 CITY-ST-ZIP	
TITLE	Ellerbe, Wanda P. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	903 SE 5th Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32601	4.4 CITY-ST-ZIP	
TITLE	Jones, Mattie <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	2410 SE 15th St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32601	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Charles R. Hunt
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 5-12-97 462 7975
 Date Daytime Phone #

FILED

97 MAY 12 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E037 (9/96)