

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006275

1. Entity Name

THE BODY OF CHRIST MINISTRY OF GAINESVILLE, FL.,

Principal Place of Business

14221 NW 156 PL
ALACHUA FL 32616

Mailing Address

P.O. BOX 2176
ALACHUA FL 32616-2176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, CHARLES R
14221 NW 156 PL
ALACHUA FL 32616

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HUNT, CHARLES
STREET ADDRESS PO BOX 2176 N/A
CITY-ST-ZIP ALACHUA FL 32616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME HUNT, KIMBERLY
STREET ADDRESS 14221 NW 156 PL
CITY-ST-ZIP ALACHUA FL 32616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HUNT, CARLOS
STREET ADDRESS 14221 NW 156 PL
CITY-ST-ZIP ALACHUA FL 32616

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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(904) 462-7975

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE