


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006232	
1. Entity Name UNITED BODY OF JESUS CHRIST INC.	

Principal Place of Business 1061 NE 153 TERRACE MIAMI, FL 33161	Mailing Address 1061 NE 153 TERRACE MIAMI, FL 33161
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01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0958856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, KELLY 1061 NE 153 TERRACE MIAMI, FL 33161	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, KERRIN K 1061 NE 153 TERRACE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, GERALDINE 1061 NE 153 TERRACE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, DONALD 15705 NW 37TH COURT OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIE J 2261 NW 58 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000262086 03/14/05-80038-021 70.00</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Kerrin K Johnson* **3/09/05** **305-947-6237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #