

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90045 003 \*\*\*\*70.00

**DOCUMENT # N99000006232**

1. Entity Name

UNITED BODY OF JESUS CHRIST INC.



Principal Place of Business

15705 N.W 37TH COURT  
OPA - LOCKA, FL 33054

Mailing Address

P O BOX 204747  
AUGUSTA, GA

40071020



04122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0958856

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KERRIN K  
3440 PEACH ORCHARD ROAD  
AUGUSTA, GA, FL 30906

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME JOHNSON, KERRIN K  
STREET ADDRESS 3440 PEACH ORCHARD ROAD  
CITY-ST-ZIP AUGUSTA, GA 30906

TITLE DST  
NAME JOHNSON, GERALDINE  
STREET ADDRESS 3440 PEACH ORCHARD ROAD  
CITY-ST-ZIP AUGUSTA, GA 30906

TITLE D  
NAME IRVING, DONALD  
STREET ADDRESS 15705 NW 37TH COURT  
CITY-ST-ZIP OPA-LOCKA, FL 33054

TITLE D  
NAME JONES, WILLIE J  
STREET ADDRESS 2261 NW 58 STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #