

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90001 048 ***158.75

DOCUMENT # P07000041279 1. Entity Name MEMBERS OF THE BODY, INC.			
Principal Place of Business 500 ACME STREET APT. 1304 JACKSONVILLE, FL 32211		Mailing Address ONE INDEPENDENT DRIVE., SUITE 100 PMB 46 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box # 1343 Rogero Rd. #103 Suite, Apt. #, etc. #103 City & State Jacksonville, FL Zip 32211		3. Mailing Address 1343 Rogero Rd. #103 Suite, Apt. #, etc. #103 City & State Jacksonville, FL Zip 32211	
4. FEI Number 20-8765398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYKIN, IMANI A ESQ 1905 ATLANTIC BLVD. JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Centeria S. Clayton Street Address (P.O. Box Number is Not Acceptable) 1343 Rogero Rd. Suite # 103 City Jacksonville FL Zip Code 32211	
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 Centeria S. Clayton DATE 9/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLAYTON, CENTERIA S 500 ACME STREET, APT. 1304 JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clayton, Centeria S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 Rogero Rd. Suite 103 Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT JORDAN, ERNEST J 500 ACME STREET, APT. 1304 JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jordan, Ernest J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 Rogero Rd. Suite 103 Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENE, LAURANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1343 ROGERO ROAD STE 103 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: Centeria S. Clayton DATE 9/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			