

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760471

1. Entity Name

BEVERLY HILLS CHURCH OF GOD, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90088 024 ****70.00

Principal Place of Business

Mailing Address

9113 RIDGE BLVD
 JACKSONVILLE FL 32209
 US

% JOHNNIE L. HOLDER
 8981 CARBONDALE
 JACKSONVILLE FL 32208-2305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2788049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLDER, JOHNNIE L
 8981 CARBONDALE DR E
 JACKSONVILLE FL 32208

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	DP	<input type="checkbox"/> Delete
NAME	HOLDER, JOHNNIE L	
STREET ADDRESS	8981 CARBONDALE DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, CARL	
STREET ADDRESS	8819 COMPHOR DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPANN, WILLIE	
STREET ADDRESS	2573 MINOSA CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, LINCOLN B.	
STREET ADDRESS	11626 BRIDGES RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HENRY, BOBBY	
STREET ADDRESS	5111 DOSTIE DR SO	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JOHNNIE L. HOLDER 4-25-2000 (904) 768-6516
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)