

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709068** (1)

1. Corporation Name

BIBLE CHURCH OF GOD TRUE HOLINESS, INC.

Principal Place of Business

Mailing Address

**6601 N.W. 22ND AVENUE
MIAMI FL 33147**

**6601 N.W. 22ND AVENUE
MIAMI FL 33147-7245**



3. Date Incorporated or Qualified **06/01/1965** 3a. Date of Last Report **02/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
Same		Same		NOT APPLICABLE		Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAIGE, GRAF
1460 N.W. 79 STREET
MIAMI FL 33147**

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Graf Paige
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

2-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMING, EMANUEL E BISHOP	1.2 NAME	Same
STREET ADDRESS	3180 NW 50 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	VPDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELOMS, NELLIE	2.2 NAME	Same
STREET ADDRESS	35 NE 68 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, OLLIE M	3.2 NAME	Same
STREET ADDRESS	3074 N.W. 48 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TDT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMING, ELLA	4.2 NAME	Same
STREET ADDRESS	3180 NW 50 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Graf Paige*

Feb. 10th 1997 696-8484

CR2E037 (9/96)