FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

DOCUMENT # 709

FILED Mar 12 1998 8:00am Secretary of State

BIBLE	CHURCH OF GOD TRUE	HOLINESS, INC.							
Principal Plac	e of Business	Mailing Address				1 FEGULF (0011 00110 (011) (0110 9110)	IBII BIBLI BIBI	1 1910 II 910 II 0	HQ(1 0101) (00)
		6601 N.W. 22ND AVENUE MIAMI FL 33147				Date Incorporated or Qualified 06/01/1965 FEI Number			applied For
						NOT APPLICABLE			lot Applicable
2. Principal Place of Business 21		2a. Mailing Address 26	26			5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '			6. Election Campaign Financing		\$5.00	
Ciby R. Ctot		City & State	City & State			Trust Fund Contribution			to Fees
		28	z state			7. Is this nonprofit corporation a ho		s association	on?
Zip	Country Zip					8. This corporation owes or has pa			ntangible
24	25	29	30			Personal Property Tax due June	_		X No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered /	gent	
			81	Name	1				
PAIGE, GRAF				Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		<u> </u>
1460 N.W. 79 STREET									
MIAMI F	L 33147		83						
			84	City				85 Zip	Code
11 Durauant	to the provinces of Captions 617.0	EDG and 617 1509 Florida Statuta	a the about	200000	dooroo	ration submits this statement for the	FL	obaccino	ite registered
office or r	egistered agent, or both, in the	ite of Florida. Such change was a	uthorized by	the cor	rporatio	ration submits this statement for the p n's board of directors. I hereby accep	pt the appo	changing bintment a	s registered
	m familiar with, and accept the old	igations of, Section 617.0503, Floi	rida Statutes	3.					
SIGNATURE	Signature, typed of printed name of legistered	ent and title it applicable. (NOTE	: Registered Age	nl signaturi	e required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PPDT	☐ DELETE	1.1 TITLE	1.1 TITLE			;	Change	Addition
NAME	RAHMING, EMANUEL E BISHOP		1.2 NAME						
STREET ADDRESS	3180 NW 50 STREET		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP		ļ				
TITLE	VPDT	X DELETE	2.1 TITLE	1		VPDT Treasur/V.P.	.	Change	Addition
NAME	NELOMS, NELLIE	•	2.2 NAME			ahming, Ella 180 N.W. 50 Stree			
STREET ADDRESS	35 NE 68 TERRACE			2.3 STREET ADDRESS		180 N.W. 50 STIES	まし もしの		
CITY-ST-ZIP	MIAMI FL 33138	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		M	iami, Florida 33:	146	Change	Addition
NAME	SDT BOSTIC OLUE M			3.2 NAME			'	Change	ביין אסטונוטוו
STREET ADDRESS	BOSTIC, OLLIE M 3074 N.W. 48 TERRACE		4	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP						
TITLE	TOT	X DELETE	4.1 TITLE			DT		Change	Addition
NAME	RAHMING, ELLA		4. 2 NAME	4. 2 NAME		LOMS, NELLIE			
STREET ADDRESS	3180 NW 50 STREET	•	4.3 STREET	4.3 STREET ADDRESS		NE 68 Terrace			
CITY-ST-ZIP	MIAMI FL 33142		4.4 CITY - S	4.4 CITY-ST-ZIP		smi. Florida 331	38		
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME	·		5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ				
TITLE		☐ DELETE	6.1 TITLE				Ţ	Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	I - ZIP					

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 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

shops FE Kalming

3-4-98 683-1203