

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722345 (6)**

1. Corporation Name

**THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD INC.**



Principal Place of Business

Mailing Address

782 64TH AVE S  
ST. PETERSBURG FL 33705-5922

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ST. PETERSBURG FL 33705-5922

3. Date Incorporated or Qualified  
**12/28/1971**

3a. Date of Last Report  
**02/01/1996**

2. Principal Place of Business  
21 **2901 5th ave. south**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **782 64th ave. south**  
Suite, Apt. #, etc.

4. FEI Number  
**23-7168635**

Applied For  
Not Applicable

22 City & State  
23 **St. Petersburg, Fla.**

27 City & State  
28 **St. Petersburg, Fla.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33712**  
25 Country **U.S.A.**

29 Zip **33705**  
30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLCY, WILLIE D.  
782 64 AVE S  
ST. PETERSBURG FL 33705**

81 Name **Bishop Willie D. Holcy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **782 64th ave. south**  
84 City **St. Petersburg, FL** 85 Zip Code **33705**

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 **Bishop Willie D. Holcy**

**1/1/1997**

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PMD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLCY, WILLIE D.(BISHOP)</b>	1.2 NAME	
STREET ADDRESS	<b>782 64 AVE S</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STM</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLCY, ARIE LEE</b>	2.2 NAME	
STREET ADDRESS	<b>782 64 AVE S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVERS, PATRICIA ANN</b>	3.2 NAME	
STREET ADDRESS	<b>3026 EMERSON AVENUE SO.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETE. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREW, ISAAC</b>	4.2 NAME	
STREET ADDRESS	<b>6911 BONAIR DRIVE, D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, WILLIAM H.</b>	5.2 NAME	
STREET ADDRESS	<b>2501 22 AVE S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charman of board Bishop Willie D. Holcy**

**1/7/97**

**Bishop Willie D. Holcy**

Date Daytime Phone

CR2E037 (9/96)