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

Jan 16 1998 8:00am Secretary of State

FILED

DOCU 1. Corporation	MENT # 722345	(6)		
THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD INC.				
Principal Place of Business Mailing Address				- TERRITATE TERRITATION TO THE PROPERTY OF THE
2901 5TH AVE SOUTH 782 64TH AVE SOUTH				3. Date Incorporated or Qualified
		ST. PÉTERSBURG FL 33705 US	-5922	12/28/1971
				4. FEI Number Applied For
2. Principal P	Place of Business	2a. Mailing Address		23-7168635 Not Applicable
21 2901	5th Ave- South	26 782 64Th AV	le-South	5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat	te	City & State		Trust Fund Contribution
	Tersburg F/A.	28 ST. PETEYSK	sarg FIA	7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country (LSA).	Zip	Country USA.	
24 3 37 /		11	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				11/11: 71/14
LIGHT WILLIE D. DIGUES			p D Willie D Hole Y dress (P.Q. Box Number is Not Acceptable)	
782 64TH AVE SOUTH			782	64th aye. South
ST. PET	ERSBURG FL 33705		83	
			84 City	Peters bur 6 FL 85 Zip Code 33705
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				rporation submits this statement for the purpose of changing its registered
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 617,0503, Flor	uthorized by the corpora ida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	BIShOP WILLIE	D. Holcy		
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PMD	DELETE	1.1 TRLE	☐ Change ☐ Addition
NAME	HOLCY, WILLIE D.(BISHOP)		1.2 NAME	_ • _
STREET ADDRESS	782 64 AVE S		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE. FL	·	1.4 CITY-ST-ZIP	
TITLE	STM	☐ DELETE	2.1 TITLE	L Change L Addition
NAME	HOLCY, ARIE LEE		2.2 NAME	
STREET ADDRESS	782 64 AVE S ST. PETE. FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	M M	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME	RIVERS, PATRICIA ANN		3.2 NAME	
STREET ADDRESS	3026 EMERSON AVENUE SO.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE. FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDREW, ISAAC		4. 2 NAME	
STREET ADDRESS	6911 BONAIR DRIVE, D		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE	D Daniels, William H.	T herete	5.1 TITLE	Lit Gratige Lit Addition
NAME STREET ADDRESS	2501 22 AVE S		5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL		5.4 CITY - ST - ZIP	
TITLE	OTTERN TE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	l	_	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	!		6.4 CITY-ST-ZIP	

I hereby certify that the Information supplied with this filing does not qualify 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 | Si

SIGNATURE: