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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722345

1. Corporation Name

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

Principal Place of Business	Mailing Address
2901 5TH AVE. SOUTH3 ST PETERSBURG FL 33712 US	782 64TH AVE. SOUTH ST. PETERSBURG FL 33705-5922 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2901 5th Ave South	26 782 64th Ave South	12/28/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7168635 ☐ Applied For ☐ Not Applicable
City & State 23 St Petersburg, Fla	City & State 28 St Petersburg Fla	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 33712 25 Florida USA	Zip / Country 29 33705 30 USA	6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLCY, WILLIE D BISHOP
782 64TH AVE SOUTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Bishop Willie D. Holcy
82 Street Address (P.O. Box Number is Not Acceptable): 782 64th ave South
83
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
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	PMD	☐ DELETE	1.1 TITLE	☐ 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	☐ Change ☐ Addition
NAME	HOLCY, ARIE LEE		2.2 NAME	
STREET ADDRESS	782 64 AVE S		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE. FL		2. 4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	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		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, WILLIAM H.		5.2 NAME	
STREET ADDRESS	2501 22 AVE S		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/11/99 Bishop Willie D Holcy 727-864-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Chairman of Board