FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730894 (3)

1. Corporation Name

TO GOD BE THE GLORY HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
1302 MADISON STREET BOX 652 PALATKA FL 32178	1302 MADISON STREET BOX 652 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1974
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2385710 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

~~REAVES~~
804 N. 11TH STREET
PALATKA FLORIDA 32177

10. Name and Address of New Registered Agent

81 Name: RUTH LOWE-REAVES
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ruth Lowe Reaves 4/27/95
(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	S	1.1 TITLE	[ ] Change [ ] Addition
NAME	HALL, HARRIETT L	1.2 NAME	
STREET ADDRESS	511 NORTH 10TH STREET	1.3 STREET ADDRESS	
CITY ST ZIP	PALATKA, FL 00000	1.4 CITY ST ZIP	
TITLE	PC	2.1 TITLE	[ ] Change [ ] Addition
NAME	LOWE-REAVES, RUTH	2.2 NAME	
STREET ADDRESS	804 N 11TH STREET	2.3 STREET ADDRESS	
CITY ST ZIP	PALATKA, FL 00000	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	PEOPLES, LULA MAE	3.2 NAME	
STREET ADDRESS	410 N. 16TH ST.	3.3 STREET ADDRESS	
CITY ST ZIP	PALATKA, FL 00000	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	[ ] Change [ ] Addition
NAME	CAMPBELL, JAMES	4.2 NAME	
STREET ADDRESS	1417 OLIVE ST.	4.3 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	BELLAMY SR., RONALD	5.2 NAME	
STREET ADDRESS	1205 OCEAN ST.	5.3 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	FLAGG, KARL N.	6.2 NAME	
STREET ADDRESS	1700 OAK STREET	6.3 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ruth Lowe Reaves 4/27/95 328-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024504