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05-06-1999 90279 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **730894**

1. Corporation Name

TO GOD BE THE GLORY HOLINESS CHURCH, INC.

311715 - 90279 - 27

Principal Place of Business	Mailing Address
3521 ST JOHNS AVE P O BOX 652 PALATKA FL 32178 US	~~1308 MADISON STREET~~ BOX 652 PALATKA FL 32178

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/09/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2385710 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOWE-REAVES, RUTH
804 N. 11TH STREET
PALATKA FLORIDA 32177

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HALL, LINDA L		1.2 NAME		
STREET ADDRESS	105 ELM ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 00000 32177		1.4 CITY-ST-ZIP		
TITLE	PC	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALL, ALVIN		5.2 NAME		
STREET ADDRESS	511 N 10TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, ANTHONY		6.2 NAME		
STREET ADDRESS	2408 TOMMY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		6.4 CITY-ST-ZIP		

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: Ruth Stowers REQUIRED Ruth Lowe Reaves 4.30.99 328-2966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)