FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 751620 (6) THE HOLINESS CHURCH OF GOD, INCORPORATED										
Principal Place of Business Mailing Address							AN BIANI BIBN	TIJN KINI U		
C/O JIMMIE GREEN 10865 S.W. 218TH TERR. GOULDS FL 33170		C/O JIMMIE GREEN 10865 S.W. 218TH TERR. GOULDS FL 33170-3121			Date Incorporated or Qualified	3a. Dale	of Last F	Report		
A Delegation of the	lead of Business	Do Malia Adalas			- · · · · · · · · · · · · · · · · · · ·	03/19/1980	0	3/18/19	·	
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For 26-6163871 Not Applied be					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
City & State	,,	Crty & State						equired		
23	IJ	t to the second second				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Zip Cou			This corporation has liability for it				
24	25			,		Florida Statutes				
	9, Name and Address of Curren	L	1			10. Name and Address of New Re	gistered A	gent		
GREEN, JIMMIE 10865 S.W. 218TH TERR. GOULDS FL				82 83 84	City	ess (P.O. Box Number is Not Acceptab	FL		Code	
agent. I ai	m familiar with, and accept the obligation of th	et and title d'applicable (NO	lorida Stati 11 Registeres	utes	s.	oration submits this statement for the pion's board of directors. I hereby accepted when reasthing	DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	☐ DELETE 1.1					L	Change	Addition	
NAME	GREEN, JIMMIE				. DDS/ 60					
STREET ADDRESS	10865 SW 218 TERR GOULDS FL				ADDRESS					
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TILLE		1 · 210'			Change	Addition	
NAME	WILCOX, MICHAEL			2.2 NAME			_	Onlange		
STREET ADDRESS	TORRESON AND A CONTRACT OF		- 1	2.3 STREET ADDRESS					}	
CITY-ST-ZIP	GOULDS FL			2.4 CHY-S1-7IP						
TITLE	SD	DELETE 31			<u></u>			Change	Addition	
NAME	BRIDGES, PEARLIE	3.2 N		Μέ						
STREET ADDRESS	13963 SW 270TH STREET		3.3 \$1	REE L	ADORESS				<u> </u>	
CITY-ST-ZIP	NARANJA FL		3 4 CI	ITY-S	i - ZIP					
TITLE			4.1 111					Change	Addition	
NAME			4 2 N	AME					ļ	
STREET ADDRESS			4 3 S1	REET	ADDRESS					
CITY-ST-ZIP			4 4 CIT	IY-SI	I - ZIP			_		
TITLE		DFLETE 5.1		IL F				Change	Addition	
NAME			5.2 NA						1	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		Thurs.	5 4 CII		T-7IP			1 01		
TITLE		DELETE	61111		}		L	Change	Addition	
NAME			62 NA						ļ	
STREET ADDRESS				RELTA	ADDRESS				İ	

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 eath; 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 3 if changed, or on an attachment with an address.

305-233-2036

FILED

Mar 18 1997 8:00am

Secretary of State