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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751620

1. Corporation Name

THE HOLINESS CHURCH OF GOD, INCORPORATED

Principal Place of Business

C/O JIMMIE GREEN
10865 S.W. 218TH TERR.
GOULDS FL 33170

Mailing Address

C/O JIMMIE GREEN
10865 S.W. 218TH TERR.
GOULDS FL 33170



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/19/1980

4. FEI Number

26-6163871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, JIMMIE
10865 S.W. 218TH TERR.
GOULDS FL

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

Jimmie Green
Signature, typed or printed name of registered agent and title if applicable.

C/O J.D.

(NOTE: Registered Agent signature required when reinstating)

3-8

DATE

99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
GREEN, JIMMIE
STREET ADDRESS **10865 SW 218 TERR**
CITY-ST-ZIP **GOULDS FL**

TITLE ☐ DELETE

NAME **VD**
WILCOX, MICHAEL
STREET ADDRESS **10922 SW 218TH TERRACE**
CITY-ST-ZIP **GOULDS FL**

TITLE ☐ DELETE

NAME **SD**
BRIDGES, PEARLIE
STREET ADDRESS **13963 SW 270TH STREET**
CITY-ST-ZIP **NARANJA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Y.D.
ROBERT BRIDGES
13963 SW 270 ST
NARANJA FL

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: *Jimmie Green* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

305-233-2036

Daytime Phone #

CR2E037 (11/98)