

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754954** (6)
1. Corporation Name
BIBLE HOLINESS CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business 419 5TH ST SO. ST. PETERSBURG FL 33701	Mailing Address 419 5TH ST SO. ST. PETERSBURG FL 33701
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1980	3a. Date of Last Report 05/01/1995
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-2131695		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WALKER, B. O. 1911 - 25 AVENUE NORTH ST. PETERSBURG FL 33713		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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MRS WILLIE P	1.2 NAME	OLIVER, CHICAYL
STREET ADDRESS	1721 17 STREET SO	1.3 STREET ADDRESS	4500 25TH AVE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	ST. PETE, FL 33711
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ROSA	2.2 NAME	WELLS, JOHN
STREET ADDRESS	3745 10TH AVE. S.	2.3 STREET ADDRESS	2511 COLUMBUS WAY SOUTH
CITY-ST-ZIP	ST PETE FL 33711	2.4 CITY-ST-ZIP	ST. PETE, FL 33705
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WALKER, B O	3.2 NAME	
STREET ADDRESS	1911-25 AVE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROUSE, ROBERT.	4.2 NAME	
STREET ADDRESS	4333 2ND AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	EDWARDS, REGINALD B	5.2 NAME	
STREET ADDRESS	2077 62ND AVENUE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BOYKINS, BENJAMIN	6.2 NAME	
STREET ADDRESS	2221 14TH AVE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)