


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

**419 5TH ST SO.
ST. PETERSBURG FL 33701**

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ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1980

3a. Date of Last Report

08/12/1996

4. FEI Number

59-2131695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

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

TITLE **D** ☐ DELETE

NAME **JONES, MRS WILLIE P**

STREET ADDRESS **1721 17 STREET SO**

CITY-ST-ZIP **ST PETERSBURG, FL ~~00000~~ 33712**

TITLE **S** ☐ DELETE

NAME **OLIVER, CHERYL**

STREET ADDRESS **4500 25TH AVE SOUTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **PD** ☐ DELETE

NAME **WALKER, B O**

STREET ADDRESS **~~1911-25 AVE NO~~ 3700 9TH AVE. N.**

CITY-ST-ZIP **ST PETERSBURG, FL ~~00000~~ 33713**

TITLE **TD** ☐ DELETE

NAME **WELLS, JOHN**

STREET ADDRESS **2511 COLUMBUS WAY SOUTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **D** ☐ DELETE

NAME **BOYKINS, BENJAMIN**

STREET ADDRESS **2221 14TH AVE SOUTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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

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 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.

B. O. WALKER, PD **8/12/96** **(33712)**

CR2E037 (4/97)