

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 021 ****70.00

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I. Corporation Name

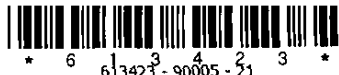
BIBLE HOLINESS CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

419 5TH ST SO.
ST. PETERSBURG FL 33701

Mailing Address

419 5TH ST SO.
ST. PETERSBURG FL 33701



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/03/1980
City & State	City & State	4. FEI Number
Zip	Zip	59-2131695
Country	Country	Applied For
25	29	Not Applicable
26	27	5. Certificate of Status Desired
28	30	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

WALKER, B. O.
1911 - 25 AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D JONES, MRS WILLIE P	1.1 TITLE	Change Addition
ME	1721 17 STREET SO	1.2 NAME	
REET ADDRESS	ST PETERSBURG, FL 00000	1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	S OLIVER, CHERYL	2.1 TITLE	Change Addition
ME	4500 25TH AVE SOUTH	2.2 NAME	
REET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	PD WALKER, B O	3.1 TITLE	Change Addition
ME	3700 9TH AVE N.	3.2 NAME	
REET ADDRESS	ST PETERSBURG, FL 00000	3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	TD WELLS, JOHN	4.1 TITLE	Change Addition
ME	2511 COLUMBUS WAY SOUTH	4.2 NAME	
REET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	D BOYKINS, BENJAMIN	5.1 TITLE	Change Addition
ME	2221 14TH AVE SOUTH	5.2 NAME	
REET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	Change Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: B.O. WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9/1/99 Daytime Phone # (727) 898-3838

CR2E037 (5/99)