2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# 754954

Entity Name: BIBLE HOLINESS CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2131695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, B. O.
535 62ND AVENUE SOUTH
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JONES, MRS WILLIE P,	
Address:	1721 17 STREET SO	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	PD	( ) Delete
Name:	WALKER, B O,	
Address:	535 62ND AVE SO	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	TD	( ) Delete
Name:	WELLS, JOHN	
Address:	2511 COLUMBUS WAY SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	D	( ) Delete
Name:	BOYKINS, BENJAMIN,	
Address:	2221 14TH AVE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.O. WALKER PD 04/23/2004

Electronic Signature of Signing Officer or Director — Date