

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # 754954

1. Entity 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**



07302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2131695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, MRS WILLIE P
STREET ADDRESS	1721 17 STREET SO
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33712

TITLE	PD
NAME	WALKER, B O
STREET ADDRESS	535 62ND AVE SO
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33705

TITLE	TD
NAME	WELLS, JOHN
STREET ADDRESS	2511 COLUMBUS WAY SOUTH
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33712

TITLE	D
NAME	BOYKINS, BENJAMIN
STREET ADDRESS	2221 14TH AVE SOUTH
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33712

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000375485
08/03/05-80004-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. O. Walker* Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 1, 2005

Date

Daytime Phone #