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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47234 (2)

1. Corporation Name

THE HOLINESS CHURCH OF BROTHERLY LOVE, INC.

Principal Place of Business	Mailing Address
11334 N.W. 22ND AVE. P.O. BOX 680580 MIAMI FL 33168	11334 N.W. 22ND AVE. P.O. BOX 680580 MIAMI FL 33168-0580

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0305535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 11434 NW 22nd Ave	26 11434 NW 22nd Ave
22 Suite, Apt. #, etc.	27 P.O. Box 680580
23 City & State: Miami Florida	28 Miami Florida
24 Zip: 33167 25 Country: DADE	29 Zip: 33167 30 Country: DADE

9. Name and Address of Current Registered Agent

WILSON, JOHN W REV.
11334 NW 22ND AVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name: Rev. JOHN W. WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 11434 NW 22nd AVE
83
84 City: Miami **FL** 85 Zip Code: 33167

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: Rev. John W. Wilson president JOHN W. WILSON 4.29.97
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	PD	☑ DELETE	1.1 TITLE	President Director	☑ Change ☐ Addition
NAME	WILSON, JOHN W. New Address		1.2 NAME	JOHN W. WILSON	
STREET ADDRESS	~~11334 NW 22ND AVE~~ 11434 NW 22nd Ave		1.3 STREET ADDRESS	11434 NW 22nd Ave	
CITY-ST-ZIP	MIAMI FL 33167 Miami FL 33167		1.4 CITY-ST-ZIP	Miami FL 33167	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MAMIE		2.2 NAME		
STREET ADDRESS	11400 NW 22ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCRIVENS, THOMAS		3.2 NAME		
STREET ADDRESS	9026 NW 20TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, CHRISTINA		4.2 NAME		
STREET ADDRESS	1691 S 57TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

(305) President JOHN W. WILSON 4/29/97