FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005116

BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC.

Principal Place of Business

4102 BROADWAY AVENUE WEST PALM BEACH FL 33405

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1645 W. 31ST STREET RIVIERA FL 33404

FILED May 08, 1999 8:00 am § Secretary of State

05-08-1999 90019 017 ****70.00



3. Date Incorporated or Qualifed

21 5	2 Mailin was less by w	2121	09/08/1998	
Suite, Apt.	# etc Suite, Apt. #, etc.	2010	4. FEI Number	Applied For
22 Was	t Poly Boholes & Where	Port, 8	<u> </u>	Not Applicable
City & State	Ciffy & State	\mathcal{Q}	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23	28 33404	-County D		
Zip	Country Country	{27/ →	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Current Registered Agent	diane?	10. Name and Address of New Registered	
5. Name and Applicass of Current Registered Agent				
' 		TWO DE THINDS		
	RUBY DIANE	82 Street Address IP O Box Mulhber is Not Acceptable)		
	IST STREET	83 3 3		
RIVIERA FL 33405			Vieres Sch, Sla	
	•	84 City	R. Jan R. Jan FL	85 Zip Code (/))
11 Secretary Sections 617 0502 and 617 1509. Elarida Statutae the above-named comprision 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 or directors. I nereby accept the appointment as registered and the corporation of the				
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	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE Y	P DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME -	Taylor, Ruby Diane	1.2 NAME		
STREET ADDRESS	4102 BROADWAY AVENUE	1.3 STREET ADDRESS		İ
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP		
TITLE .	VP DELETE	2.1 TITLE	Terrance Ra Wes	Change Addition
NAME	ALLEN, KESHA D	2.2 NAME	418W3141	
STREET ADDRESS	4102 BROADWAY AVENUE	2.3 STREET ADDRESS		33404
CITY-ST-ZIP	WEST PALM BEACH FL 33405	2. 4 CITY-ST-ZIP	Korean Bon, Ja	
mre /	TS DELETE	3.1 TTTLE	•	Change Addition
NAME -	HARVEY, KIMA	3.2 NAME		
STREET ADDRESS	4102 BROADWAY AVENUE	3.3 STREET ADDRESS		Ì
CITY-ST-ZIP	WEST PALM BEACH FL 33405	3.4. CITY-ST-ZIP		550
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		\
CITY-ST-ZIP		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		Change Addition
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 Teport 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:

SIGNATURE REQUIRED