

DOCUMENT # N98000005116

1. Entity Name

BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC.

Principal Place of Business

4102 BROADWAY AVENUE
WEST PALM BEACH FL 33406

Mailing Address

1645 W. 31ST STREET
RIVIERA FL 33404-3553

2. Principal Place of Business

522 Northwood Rd.

Suite, Apt. #, etc.

3. Mailing Address

1645 W. 31st Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Bch.

City & State

Riviera Beach, FL

Zip

33404

Country

Palm Bch.



DO NOT WRITE IN THIS SPACE

45-0986711 FET Number

-EI Number

45-0986711

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, RUBY DIANE
1645 W. 31ST STREET
RIVIERA FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	TAYLOR, RUBY DIANE	
STREET ADDRESS	4102 BROADWAY AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☒ Delete
NAME	ALLEN, KESHA D	
STREET ADDRESS	4102 BROADWAY AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☐ Delete
NAME	HARVEY, KIMA	
STREET ADDRESS	4102 BROADWAY AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	ALLEN, TERRANCE	
STREET ADDRESS	522 NORTHWOOD ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)