

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90613 025 \*\*\*\*61.25

0049386

**DOCUMENT # N98000005116**

1. Entity Name

**BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC.**

Principal Place of Business

Mailing Address

522 NORTHWOOD RD.  
 WEST PALM BEACH FL 33407

1645 W. 31ST STREET  
 RIVIERA FL 33404

2. Principal Place of Business

*522 Northwood Rd*

Suite, Apt. #, etc.

3. Mailing Address

*1645 W 31st St - Riv - Beach 33404*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*West Palm Bch Fla*

City & State

*Riviera Bch Fla*

4. FEI Number

**65-0986711**

Applied For

Not Applicable

Zip

*33407*

Country

*Fla*

Zip

*33404*

Country

*Fla*

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

*Ruby Diane Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/15/01*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, RUBY DIANE</b>	
STREET ADDRESS	<b>4102 BROADWAY AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, KESHA D</b>	
STREET ADDRESS	<b>4102 BROADWAY AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, KIMA</b>	
STREET ADDRESS	<b>4102 BROADWAY AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1645 W 31st</i>	
CITY-ST-ZIP	<i>Riv Bch Fla 33404</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1645 W 31st</i>	
CITY-ST-ZIP	<i>Riviera Bch Fla 33404</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1645 W 31st</i>	
CITY-ST-ZIP	<i>Riviera Bch Fla 33404</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ruby Diane Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/01 561-863-1564*

Date Daytime Phone #

CR2E037 (10/00)