**FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State DOCUMENT # N98000005116 "BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC. 05-03-2002 90045 032 \*\*\*\*66.25 Principal Place of Business Mailing Address 522 NORTHWOOD RD. 1645 W. 31ST STREET WEST PALM BEACH FL 33407 RIVIERA FL 33404 2. Principal Place of Business 3. Mailing Address 2 NOV DO NOT WRITE IN THIS SPACE **.4.** FEI Number Applied For. 65-0986711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ame and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, RUBY DIANE is Not Acceptable) 1645 W. 31ST STREET PRIVIERA FL 33405 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61,25 **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Addition TAYLOR, RUBY DIANE NAME NAME STREET ADDRESS 1645 W 31 STREET STREET ADDRESS CITY-ST-ZIF RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE Delete TITLE Addition allen, kesha d I ERRANI CO NAME 1645 W 31 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME HARVEY, KIMA NAME STREET ADDRESS 1645 W 31 STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33404 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. Thereby 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 R

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