


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 039 *****75.00

DOCUMENT # N98000005116 1. Entity Name BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC.			
Principal Place of Business 522 NORTHWOOD RD. STE 522 WEST PALM BEACH FL 33407		Mailing Address 1645 W. 31ST STREET RIVIERA BEACH FL 33404	
2. Principal Place of Business 522 Northwood Road		3. Mailing Address 1645 W 31st	
Suite, Apt. #, etc. Church		Suite, Apt. #, etc. Church	
City & State West Palm Beach Fla		City & State Riviera Beach Fl.	
Zip 33407		Zip 33404	
Country PALESTINE		Country PALESTINE	
6. Name and Address of Current Registered Agent TAYLOR, RUBY DIANE 1645 W. 31ST STREET RIVIERA BEACH FL 33404			
7. Name and Address of New Registered Agent Name: Ruby Diane Taylor Street Address (P.O. Box Number is Not Acceptable): 1645 W 31ST City: Riviera Beach FL Zip Code: 33404			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Ruby Diane Taylor (Signature, typed or printed name of registered agent and title, applicable) Ruby Diane Taylor (NOTE: Registered Agent signature required when reinstating) DATE: 3/7/05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RUBY DIANE 1645 W 31 STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, TERRANCE 522 NORTH WOOD ROAD WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, KIMA 1645 W 31 STREET WEST PALM BEACH FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: : :	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: : :	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: : :	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/7/05 561-863-1564 <small>Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0986711** Applied For ☐ Not Applicable ☐

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