


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90219 028 ****75.00

DOCUMENT # N98000005116	
1. Entity Name BLESSED HOLINESS CHURCH OF GOD AND CHRIST, INC.	

Principal Place of Business 522 NORTHWOOD RD. CHURCH WEST PALM BEACH FL 33407	Mailing Address 1645 W. 31ST STREET RIVIERA BEACH FL 33404
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2. Principal Place of Business <i>Blessed Holiness Church</i> Suite, Apt. #, etc. <i>of God & Christ Inc</i>	3. Mailing Address <i>1645 W 31st</i> Suite, Apt. #, etc.
City & State <i>Riviera</i>	City & State <i>Beach 2 Florida</i>
Zip <i>33404</i>	Country <i>Palm Beach 33402</i>

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent TAYLOR, RUBY DIANE 1645 W. 31ST STREET RIVIERA BEACH FL 33404	
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4. FEI Number 65-0986711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name <i>Ruby Taylor</i> Street Address (P.O. Box Number is Not Acceptable) <i>1645 W 31st</i> <i>Riviera Bch</i> City <i>Riviera Beach</i> FL Zip Code <i>33404</i>	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Taylor* *4/15/06 561-863-1560*