

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 006 ****75.00

DOCUMENT # N98000005116

1. Entity Name

BLESSED HOLINESS CHURCH OF GOD AND CHRIST,
INC.



Principal Place of Business

Mailing Address

1645 W. 31ST STREET
RIVERIVA BEACH FL 33404

1645 W. 31ST STREET
RIVIERA BEACH FL 33404

2. Principal Place of Business - No P.O. Box #

522 Northwood Rd

Suite, Apt. #, etc.

3. Mailing Address

1645 W 31st

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

Zip

33404

Country

City & State

Riviera Bch FL

Zip

33404

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0986711

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 BEACH FL 33404

7. Name and Address of New Registered Agent

Name Ruby Taylor

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

1645 W 31st

Riviera Bch

City

Riviera Bch FL

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 (Pastor) Ruby Taylor 4/20/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, RUBY DIANE	
STREET ADDRESS	1645 W 31 STREET	
CITY ST ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, TERRANCE	
STREET ADDRESS	522 NORTH WOOD ROAD	
CITY ST ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, KIMA	
STREET ADDRESS	1645 W 31 STREET	
CITY ST ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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 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 Diane Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 561-863-1564

Date

Daytime Phone #