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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P17360 (9)

1. Corporation Name

THE BIBLICAL HOUSE OF GOD, HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
1018 MEADOW STREET PO BOX 1021 NEW BERN NC 28560	1018 MEADOW STREET PO BOX 1021 NEW BERN NC 28560

3. Date Incorporated or Qualified: 12/23/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 56-1571892 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, DELORIS
2567 15TH AVE. SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, BISHOP A.	1 2 NAME	
STREET ADDRESS	1018 MEADOW ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERN NC	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	MIDDLETON, LEROY J	2 2 NAME	
STREET ADDRESS	4915 AMBERWOOD LN	2 3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	2 4 CITY-ST-ZIP	
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, D.	3 2 NAME	
STREET ADDRESS	2567 15TH AVE SOUTH	3 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, TERRY	4 2 NAME	
STREET ADDRESS	2567 15TH AVE SOUTH	4 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4 4 CITY-ST-ZIP	
TITLE	T	5 1 TITLE	☐ Change ☐ Addition
NAME	HEYWARD, ARCHIE	5 2 NAME	
STREET ADDRESS	1413 WHITE DR.	5 3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bishop A. Jackson — BISHOP A. JACKSON   4/12/95   (919) 636-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073710