


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17360 (9)
1. Corporation Name
THE BIBLICAL HOUSE OF GOD, HOLINESS CHURCH, INC.



Principal Place of Business 1018 MEADOW STREET PO BOX 1021 NEW BERN NC 28560	Mailing Address 1018 MEADOW STREET PO BOX 1021 NEW BERN NC 28560-4344
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3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 07/25/1996
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2. Principal Place of Business 21 3819 SPEEDWAY CIR. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 6863 Suite, Apt. #, etc.
22 Knoxville, TN City & State	27 Knoxville, TN City & State
23 Zip Country 24 37914 25 Knox	28 Zip Country 29 37914 30 Knox

4. FEI Number 56-1571892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACKSON, BISHOP A.		1.2 NAME WRIGHT, BISHOP GARY	
STREET ADDRESS 1018 MEADOW ST.		1.3 STREET ADDRESS 3819 SPEEDWAY CIRCLE	
CITY-ST-ZIP NEW BERN NC		1.4 CITY-ST-ZIP KNOXVILLE, TN 37914	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIDDLETON, LEROY J		2.2 NAME MIDDLETON, LEROY J.	
STREET ADDRESS 4915 AMBERWOOD LN		2.3 STREET ADDRESS 4915 AMBERWOOD LANE	
CITY-ST-ZIP CHARLESTON SC		2.4 CITY-ST-ZIP CHARLESTON, SC 29418	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMMOND, TERRY		4.2 NAME JONES, TRULA R.	
STREET ADDRESS 2567 15TH AVE SOUTH		4.3 STREET ADDRESS 1831 Meadowland Lane, # 5A	
CITY-ST-ZIP ST. PETERSBURG FL 33712		4.4 CITY-ST-ZIP Louisville, TN 37777	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEYWARD, ARCHIE		5.2 NAME MIDDLETON, LEROY SR.	
STREET ADDRESS 1413 WHITE DR.		5.3 STREET ADDRESS 2579 Jonah Street	
CITY-ST-ZIP CHARLESTON SC		5.4 CITY-ST-ZIP CHARLESTON, SC 29405	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 GARY E. WRIGHT** *Bishop Gary E. Wright* 4-10-97 (423) 546-0873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076722

CR2E037 (9/96)