FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

THE BIBLICAL HOUSE OF GOD,	HOLINESS CHURCH, INC.					
Principal Place of Business	Mailing Address		- I TREATING THE STATE STATE AND DESCRIPTION OF STATE OF STATE OF STATE OF STATE OF STATE			
1019 MEADOW STREET KNOXVILLE TN 37914 US	P O BOX 6863 KNOXVILLE TN 37914 US		3. Date Incorporated or Qualified . 12/23/1987			
03	00		4. FEI Number Applied For			
			56-1571892 Not Applicable			
2. Principal Place of Business 21 3819 Speedway Crecle	2a. Mailing Address 26		5. Certificate of Status Desired S \$8.75 Additional Fee Required			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State 23 Know ville, TN	City & State		7. Is this nonprofit corporation a homeowners association?			
Zip Country 25 Country	Zip Col. 29 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
WILLIAMS, DELORIS 2567 15TH AVE. SOUTH			E IORIS WILLIAMS ss (P.O. Box Number is Not Acceptable)			
			65 7'- On do			

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, 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	☐ DEFELE	1.1 TITLE		L Change	Addition			
NAME	wright, bishop g		1.2 NAME						
STREET ADDRESS	3819 SPEEDWAY CIRCLE		1.3 STREET ADDRESS						
CITY-ST-ZIP	KNOXVILLE TN		1.4 CITY-ST-ZIP						
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition			
NAME	MIDDLETON, LEROY J		2.2 NAME						
STREET ADDRESS	4915 AMBERWOOD LANE		2.3 STREET ADDRESS						
CITY-S1-ZIP	TCHARLESTON SC		2. 4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3.1 TITLE		Change	Addition			
NAME	Williams, D.		3.2 NAME			1			
STREET ADDRESS	2567 15TH AVE SOUTH		3.3 STREET ADDRESS			ŀ			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP						
TITLE	S	DELETE	4.1 TITLE	S. Maga	Change	Addition			
NAME	Jones, Trula R		4. 2 NAME	DAVIS, MYRA L.	F . 5 10	:			
STREET ADDRESS	1831 MEADOWLAND LANE,#5A		4.3 STREET ADDRESS	3100 EASTTOWNE MAIL DAS	F-144	ļ			
CITY-ST-ZIP	LOUISVILLE TN		4.4 CITY-ST-ZIP	KNOKVILLE, TN 37924	ì				
TITLE	T	DELETE	5.1 TITLE		☐ Change	Addition			
NAME	MIDDLETON, LEROY S		5.2 NÄME		-	į			
STREET ADDRESS	2579 JONAH STREET		5.3 STREET ADDRESS		İ	[
CITY-ST-ZIP	CHARLESTON SC		5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS		Ì	į			
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. 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 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.

(423) 546-0813

FILED

Jan 27 1998 8:00am

Secretary of State