

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009209

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4903002105**

**Entity Name:** NOTHING BUT THE PURE IN HEART SHALL SEE GOD. INC.

**Current Principal Place of Business:**

2110 PARKVIEW AVE  
LEESBURG, FL 34748

**Current Mailing Address:**

2110 PARKVIEW AVE  
LEESBURG, FL 34748 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RIVERS, FAYE D  
2110 PARKVIEW AVE  
LEESBURG, FL 34748 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P.  
Name RVERS, FAYE D  
Address 2110 PARKVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title VP  
Name RIVERS, WIFFORD  
Address 2110 PARKVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title TRES  
Name RIVERRS, FARRIS  
Address 2110 PARKVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title SEC  
Name SMITH, THERESA M  
Address 2713 LORAIN DR.  
City-State-Zip: LEESBURG FL 34748

Title AT  
Name COLLINS, CHRIS  
Address 2110 PARKVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title AVP  
Name SMITH, JAMES  
Address 2110 PARKVEIW AVE  
City-State-Zip: LEESBURG FL 34748

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RVERS , FAYE D

**OWNER**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date