

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009209

Entity Name: NOTHING BUT THE PURE IN HEART SHALL SEE GOD. INC.**Current Principal Place of Business:**1350 PAMELA ST
APT 19
LEESBURG, FL 34748**Current Mailing Address:**1350 PAMELA ST
APT 19
LEESBURG, FL 34748 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RIVERS, FAYE D
1350 PAMELA ST
APT 19
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	RIVERS, FAYE D
Address	1350 PAMELA ST APT 19
City-State-Zip:	LEESBURG FL 34748

Title	TRES
Name	RIVERRS, FARRIS
Address	1350 PAMELA ST APT 19
City-State-Zip:	LEESBURG FL 34748

Title	AT
Name	COLLINS, CHRIS
Address	1350 PAMELA ST APT 19
City-State-Zip:	LEESBURG FL 34748

Title	VP
Name	RIVERS, WIFFORD
Address	1350 PAMELA ST APT 19
City-State-Zip:	LEESBURG FL 34748

Title	SEC
Name	SMITH, THERESA M
Address	1350 PAMELA ST APT 19
City-State-Zip:	LEESBURG FL 34748

Title	AVP
Name	SMITH, JAMES
Address	1350 PAMELA ST APT 19
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: FAYE D RIVERS**PRESIDENT****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date