**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:18

DOCUMENT # 733701 (7)

1. Corporation Name

THE PURE CHURCH OF RIGHTEOUSNESS, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 112 8TH STREET<br>P.O. BOX 93<br>LIVE OAK FL 32060-2295 | 112 8TH STREET<br>P.O. BOX 93<br>LIVE OAK FL 32060-2295 |

3. Date Incorporated or Qualified: 09/02/1975
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-2871585 ☐ Applied For ☐ Not Applicable
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 ☐ FILING FEE IS $61.25
8. This corporation has filed for alternate tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 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 |

9. Name and Address of Current Registered Agent

FAIRCLOTH, EARL
150 SE 12TH ST
SUITE 301
FT LAUDERDALE FL 33316

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DB | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, MOSE (BISHOP) | 12 NAME | |
| STREET ADDRESS | 315 MAPLE ST. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK FL | 14 CITY-ST-ZIP | |
| TITLE | DAB | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, HORACE | 22 NAME | |
| STREET ADDRESS | P.O. BOX 134 NA | 23 STREET ADDRESS | |
| CITY-ST-ZIP | STATENVILLE GA | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIE C DAVIS | 32 NAME | |
| STREET ADDRESS | RAULS ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MEIGS GA 31765 | 34 CITY-ST-ZIP | |
| TITLE | P | 41 TITLE | ☐ Change ☐ Addition |
| NAME | CARLTON L. BROWN | 42 NAME | |
| STREET ADDRESS | 2021 NW 15TH ST | 43 STREET ADDRESS | |
| CITY-ST-ZIP | FT.LAUDERDALE FL 33311 | 44 CITY-ST-ZIP | |
| TITLE | T | 51 TITLE | ☐ Change ☐ Addition |
| NAME | JAMES ERVIN GRAY | 52 NAME | |
| STREET ADDRESS | 2830 NW 15TH ST | 53 STREET ADDRESS | |
| CITY-ST-ZIP | FT.LAUDERDALE FL 33311 | 54 CITY-ST-ZIP | |
| TITLE | T | 61 TITLE | ☐ Change ☐ Addition |
| NAME | OZELL DOUGLAS | 62 NAME | |
| STREET ADDRESS | 10431 SW 184TH ST | 63 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33152 | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

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)(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 Mose Williams 6/6/95 904-362-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001079