**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 18 1997 8:00 am
Secretary of State

DOCUMENT # 733701 (7)

1. Corporation Name

The Pure Church of Righteousness, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 315 Maple St<br>P.O. Box 93<br>Live Oak, FL 32060<br>U.S.A. | 37 Brigadoon Ln.<br>Palm Coast, FL 32137<br>U.S.A. |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 09/02/1975 | 3a. Date of Last Report: 02/07/1996 |
| 21 | 26 | 4. FEI Number: 59-2871585 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

**9. Name and Address of Current Registered Agent**

Williams, Robert E.
37 Brigadoon Ln.
Palm Coast, FL 32137

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 400002117504
-03/19/97--01011--043

84 City ***70.00 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 ☐ DELETE | 1.1 TITLE | TR ☐ Change ☐ Addition |
| NAME | Williams, Mary Jane | 1.2 NAME | Young, Roosevelt |
| STREET ADDRESS | 315 Maple St. | 1.3 STREET ADDRESS | 1420 NW 13th Pl. |
| CITY-ST-ZIP | Live Oak, FL 32060 | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33311 |
| TITLE | DABP ☐ DELETE | 2.1 TITLE | TR ☐ Change ☐ Addition |
| NAME | Brown, Carlton | 2.2 NAME | Cuyler, Sara |
| STREET ADDRESS | 2021 NW 29th Ave. | 2.3 STREET ADDRESS | 3151 Winton Dr |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33311 | 2.4 CITY-ST-ZIP | Jacksonville, FL 32208 |
| TITLE | DC ☐ DELETE | 3.1 TITLE | TR ☐ Change ☐ Addition |
| NAME | Williams, Robert E. | 3.2 NAME | Charles Pierre Luc |
| STREET ADDRESS | 37 Brigadoon Ln. | 3.3 STREET ADDRESS | 37201 Main St. |
| CITY-ST-ZIP | Palm Coast, FL 32137 | 3.4 CITY-ST-ZIP | Dade City, FL 33523 |
| TITLE | TR ☐ DELETE | 4.1 TITLE | TR ☐ Change ☐ Addition |
| NAME | Jones, Bernice | 4.2 NAME | Foster, William |
| STREET ADDRESS | 2830 NW 15th St. | 4.3 STREET ADDRESS | 1008 NW 3rd. Ave |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33311 | 4.4 CITY-ST-ZIP | Hallendale, FL 33009 |
| TITLE | TR ☐ DELETE | 5.1 TITLE | TR ☐ Change ☐ Addition |
| NAME | Bowe, Mary | 5.2 NAME | Hawkins, Cynthia |
| STREET ADDRESS | 1050 NW 26th Ave. | 5.3 STREET ADDRESS | P.O. Box 884 NA |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33311 | 5.4 CITY-ST-ZIP | Jasper, FL |
| TITLE | TR ☐ DELETE | 6.1 TITLE | S ☐ Change ☐ Addition |
| NAME | Countryman, Idella | 6.2 NAME | Boger, Lillian |
| STREET ADDRESS | 2248 West 17th St | 6.3 STREET ADDRESS | 3150 NW 4th. Pl. |
| CITY-ST-ZIP | Jacksonville, FL | 6.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33311 |

VB 3-18

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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:** Robert E. Williams Robert E. Williams 3-12-97 (904) 446-7806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #