FILE NOW: FILING FEE IS $61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 733701

1. Corporation Name

The Pure Church of Righteousness, Inc

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

3. Date Incorporated or Qualified: 09/02/1975

4. FEI Number: 59-2871585 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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, Robert E. 37 Brigadoon Ln. Palm Coast, FL 32137	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: ROBERT E. Williams Robert E Williams 2-4-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when running online) DATE

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	3131 Winton Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311		2.4 CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	CM	☐ DELETE	3.1 TITLE	TR	☐ Change ☐ Addition
NAME	Williams, Robert E.		3.2 NAME	Wilson, Larry T.	
STREET ADDRESS	37 Brigadoon Ln.		3.3 STREET ADDRESS	1411 South 24th. Ct.	
CITY-ST-ZIP	Palm Coast, FL 32137		3.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	TR	☐ DELETE	4.1 TITLE	TR	☐ Change ☐ Addition
NAME	Jones, Berenice		4.2 NAME	Foster, William	
STREET ADDRESS	2830 NW 15th St.		4.3 STREET ADDRESS	1003 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	1030 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 32052	
TITLE	TR	☐ DELETE	6.1 TITLE	S	☐ Change ☐ Addition
NAME	Curtis, Idella		6.2 NAME	Boggess, Brian	
STREET ADDRESS	2248 West 17th St.		6.3 STREET ADDRESS	3150 NW 14th Pl.	
CITY-ST-ZIP	Jacksonville, FL		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	

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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.

SIGNATURE: Mary Jane Williams 2-4-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)