2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # 733701 May 01, 2000 8:00 am Secretary of State THE PURE CHURCH OF RIGHTEOUSNESS, INC. 05-01-2000 90024 019 ****70.00 Principal Place of Business Mailing Address 2021 NW 29TH AVENUÉ 315 MAPLE ST FT. LAUDERDALE FL 33311-3350 P.O. BOX 93 LIVE OAK FL 32060 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2871585 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWN, CARLTON L 2021 NW 29TH AVENUE FT. LAUDERDALE FL 33311 Zip Code City FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TR VC ☐ Change ☐ Addition ☐ Delete TITLE TITLE Bowe MARY L. NAME WILLIAMS, MARY JANE NAME 1030 N.W. 26 AUC STREET ADDRESS STREET ADDRESS 315 MAPLE ST CITY-ST-ZIP FORT. LAUDARDALE. Florida CITY-ST-ZIE LIVE OAK FL □ Change ☐ Addition DABP PPB/P ☐ Delete TITLE TITLE ROOSEVELT YOUNG NAME **BROWN, CARLTON** NAME 1420 N. W 13 Place STREET ADDRESS STREET ADDRESS 2021 NW 29TH AVE FORT LAUderdale, CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change Change ☐ Addition TITLE TITLE CD ☐ Delete ORRAINE HA NAME NAME GARY, JAMES E 3161 N.W. S STREET ADDRESS STREET ADDRESS 800 N. W. 38 AVENUE CITY-ST-ZIE Florida CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition TITLE TR ☐ Delete TITLE ILLIAN NAME NAME JONES, BERNICE 1620 N. W. STREET ADDRESS STREET ADDRESS 2830 NW 15TH ST CITY-ST-ZIP CITY-ST-ZIP Fort. FT LAUDERDALE FL 33311 ☐ Change Addition ☐ Delete TITLE TITLE # Delcite NAME rea NAME **CURTIS, IDELLA** Demps Box 12 STREET ADDRESS STREET ADDRESS 2248 W17TH ST 32060 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change TR ☐ Delete Addition TITLE I Dolete NAME HAWKINS, CYNTHIA NAME I MMANGEL TOOTEN STREET ADDRESS STREET ADDRESS 716 EAST DUVAL STRUCT P O BOX 884 NA CITY-ST-ZIP CITY-ST-ZIP JASPER FL 12. 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 report or supplemental 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 10 or Block 11 if

Daytime Phone #