

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733701

1. Entity Name

THE PURE CHURCH OF RIGHTEOUSNESS, INC.

FILED

May 03, 2002 8:00 am
Secretary of State

05-03-2002 90024 027 ****70.00

Principal Place of Business

315 MAPLE ST
LIVE OAK FL 32060
US

Mailing Address

P.O. BOX 6266
FT LAUDERDALE FL 33310
US

2. Principal Place of Business

2021 N.W. 29 Ave
Suite, Apt. #, etc.

3. Mailing Address

2021 N.W. 29 Ave
Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33311

Country

Zip

33311

Country

4. FEI Number

59-2871585

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, CARLTON L
2021 NW 29TH AVENUE
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DBP
NAME BROWN, CARLTON
STREET ADDRESS 2021 N W 29 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE APTR
NAME YOUNG, ROOSEVELT
STREET ADDRESS 1420 N W 13 PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE CD
NAME GARY, JAMES E
STREET ADDRESS 800 N. W. 38 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE TR
NAME JONES, BERNICE
STREET ADDRESS 2830 NW 15TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE TR
NAME CURTIS, IDELLA
STREET ADDRESS 2248 W17TH ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE TR
NAME HAWKINS, CYNTHIA
STREET ADDRESS P O BOX 884 NA
CITY-ST-ZIP JASPER FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BD
NAME Brown, Carlton
STREET ADDRESS 2021 N.W. 29 Ave
CITY-ST-ZIP Ft. Lauderdale FL 33311 ☒ Change ☐ Addition

TITLE PDTR
NAME Young Roosevelt
STREET ADDRESS 3650 N.W. 4th Street
CITY-ST-ZIP Ft. Laud, FL, 33311 ☒ Change ☐ Addition

TITLE VC TR
NAME Mary L. BOWE
STREET ADDRESS 1030 N.W. 26 Ave.
CITY-ST-ZIP Ft. Laud, FL, 33311 ☐ Change ☒ Addition

TITLE Sec TR
NAME William Roger
STREET ADDRESS 1020 N. W. 26 Ave
CITY-ST-ZIP Ft. laudy FL, 33311 ☐ Change ☒ Addition

TITLE TR
NAME Lorraine Harper
STREET ADDRESS 3161 N. W 5th Street
CITY-ST-ZIP Ft. laudy FL, 33311 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required Brown

4-18-2002 (954) 485-7657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)