# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 91248 031 ****70.00

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DOCUMENT # 733701

1. Entity Name
THE PURE CHURCH OF RIGHTEOUSNESS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2021 NW 29 AVENUE<br>FORT LAUDERDALE, FL 33311 US | 2021 NW 29 AVENUE<br>FORT LAUDERDALE, FL 33311 US |

04272004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2259 Raleigh St. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hollywood Florida | City & State |
| Zip: 33020 Country | Zip 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 | 7. Name and Address of New Registered Agent |
|---|---|
| BROWN, CARLTON L<br>2021 NW 29TH AVENUE<br>FT. LAUDERDALE, FL 33311 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BD<br>BROWN, CARLTON<br>2021 NW 29 AVENUE<br>FORT LAUDERDALE, FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDTR<br>YOUNG, ROOSEVELT<br>3650 NW 4TH STREET<br>FORT LAUDERDALE, FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>GARY, JAMES E<br>800 N. W. 38 AVENUE<br>FORT LAUDERDALE, FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>JONES, BERNICE<br>2830 NW 15TH ST<br>FT LAUDERDALE, FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>CURTIS, IDELLA<br>2248 W17TH ST<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>HAWKINS, CYNTHIA<br>P O BOX 884 NA<br>JASPER, FL | ☐ Delete | 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:** Carlton L. Brown Carlton L. Brown 04-29-04 954-817-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #