

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009571

FILED
Feb 02, 2009
Secretary of State

Entity Name: PURE IN HEART DELIVERANCE AND OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

8672 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 26725
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 30-0164584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, LATONIA DR.
8672 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, LATONIA DR.
Address: 8672 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: V () Delete
Name: TURNER II, HUGH C
Address: POST OFFICE BOX 26725
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: ROGERS, TARINA
Address: 1199 WEST 10TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: POLLARD, JAVONE
Address: 1111 SOUTH 11TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: NALOR, SUVETRA
Address: 812 SOUTH 11TH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BAKER, ANDRIA
Address: PO BOX 26725
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LA'TONIA M. TURNER

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date