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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N95000001310 (0)**

1. Corporation Name

PURE LOVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1021 W. CHASE ST. LAKELAND FL 33801	1021 W. CHASE ST. LAKELAND FL 33815-1345

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business
21: 257 N. Sloan Ave
22 Suite, Apt. #, etc.:
23 City & State: Lakeland, Fl
24 Zip: 33815
25 Country: Polk

2a. Mailing Address
26: 257 N. Sloan Ave,
27 Suite, Apt. #, etc.:
28 City & State: Lakeland, Fl
29 Zip: 33815
30 Country: Polk

4. FEI Number: 59-3113905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ALLEN, CORDELL
1021 W. CHASE ST.
LAKELAND FL 33801

10. **Name and Address of New Registered Agent**

81 Name: Cordell Allen
82 Street Address (P.O. Box Number is Not Acceptable): 257 N. Sloan Ave.
83
84 City: Lakeland, FL 85 Zip Code: 33815

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 _____ DATE 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, CORDELL		1.2 NAME	
STREET ADDRESS	1021 W. CHASE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MAMIE D		2.2 NAME	
STREET ADDRESS	1021 W. CHASE ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, PETULA		3.2 NAME	
STREET ADDRESS	129 E. TIMBERLANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, JAMES		4.2 NAME	
STREET ADDRESS	1339 E MAGDALENE CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, PATRICIA		5.2 NAME	
STREET ADDRESS	1339 E MAGDALENE CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, MYRA		6.2 NAME	
STREET ADDRESS	1437 N AMOS AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Cordell Allen PRESIDENT Cordell Allen (P) 4/29/97 941-686-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053234