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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001310**

1. Corporation Name
PURE LOVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
257 N. SLOAN AVE. LAKELAND FL 33815 US	257 N. SLOAN AVE. LAKELAND FL 33815 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 101 Burns Lane	26 P.O. Box 1962	03/20/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3113905 ☐ Applied For ☐ Not Applicable
City & State 23 Winter Haven, Fl	City & State 28 Lakeland, Fl	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33884 25	Zip / Country 29 33802 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALLEN, CORDELL
257 N. SLOAN AVE.
LAKELAND FL 33815

10. Name and Address of New Registered Agent

81 Name: Allen, Cordell
82 Street Address (P.O. Box Number is Not Acceptable): 1940 E. Boulevard ST,
83
84 City: Bartow FL 85 Zip Code: 33830

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: Cordell Allen — Signature, typed or printed name of registered agent and title if applicable. Cordell Allen (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/99

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	1940 E. Boulevard ST,
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	Bartow, Fl 33830
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	1940 E. Boulevard ST,
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP	Bartow, Fl 33830
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Cordell Allen **REQUIRED** — 4/28/99 — (941) 533-7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #