## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 02, 2001 8:00 am & Secretary of State DOCUMENT # N9500001310 1. Entity Name 05-02-2001 90114 023 \*\*\*\*61.25 PURE LOVE MINISTRIES, INC. Mailing Address Principal Place of Business 101 BURNS LANE P.C. BOX 1962 WINTER HAVEN FL 33884 LAKELAND FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3113905 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Ėee Required 6. Name and Address of Current Registered Agent 7 -7 - Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALLEN, CORDELL 1940 E BOULEVARD STREET BARTOW FL 33830 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITI F ALLEN, CORDELL NAME NAME 1437 STREET ADDRESS 1940 E BOULEVARD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 ☐ Change ☐ Addition TITLE Delete TITLE ALLEN, MAMIE D NAME NAME AVE. 1437 STREET ADDRESS 1940 E BOULEVARD ST STREET ADDRESS 33805 Lakerand CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830' Delete ☐ Change Addition TITI F TITI F wilson NAME WILLIAMSON, PETULA NAME onla 5771 NW 98 COUPT STREET ADDRESS STREET ADDRESS 129 E. TIMBERLANE CITY-ST-ZIP CITY-ST-ZIP 1 amin FL 33178 LAKELAND FL 33801 **D**elete Addition TITLE antressia Fuller Change TITLE STEELE, JAMES NAME NAME 257 N. Sloan Avenue STREET ADDRESS STREET ADDRESS 1339 E MAGDALENE CT. Lakeland FL 33811 CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33815 Delete Addition TITLE TITLE namie smith STEELE, PATRICIA NAME NAME 257 N. Sloan Avenue STREET ADDRESS STREET ADDRESS 1339 E MAGDALENE CT. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 Lakeland, FL 3381 TITLE □ Delete TITI F Change Addition NAME LEWIS, MYRA NAME

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1437 N AMOS AVE.

LAKELAND FL 33805

-27-01