

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 022 ****61.25

DOCUMENT # N95000001310

1. Entity Name

PURE LOVE MINISTRIES, INC.



Principal Place of Business

2917 DUFF ROAD
LAKELAND FL 33810
US

Mailing Address

2917 DUFF ROAD
LAKELAND FL 33810
US

14023022



MOORE CR2E037 (11/03)

2. Principal Place of Business

2921 Duff Road

3. Mailing Address

2921 Duff Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33810

Country

US

Zip

33810

Country

US

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, CORDELL
1437 AMOS AVENUE
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW: 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

| | | | |
|----------------|----|----------------------------|---------------------------------|
| TITLE | P | Allen, Cordell | <input type="checkbox"/> Delete |
| NAME | | 1437 AMOS AVE | |
| STREET ADDRESS | | LAKELAND FL 33805 | |
| CITY-ST-ZIP | | | |
| TITLE | V | Allen, Mamie D | <input type="checkbox"/> Delete |
| NAME | | 1437 AMOS AVE | |
| STREET ADDRESS | | LAKELAND FL 33805 | |
| CITY-ST-ZIP | | | |
| TITLE | ST | Wilson, Tonia | <input type="checkbox"/> Delete |
| NAME | | 5771 NW 98 COURT | |
| STREET ADDRESS | | MIAMI FL 33178 | |
| CITY-ST-ZIP | | | |
| TITLE | T | Martin, Victoria | <input type="checkbox"/> Delete |
| NAME | | 604 W. MAGNOLIA ST. | |
| STREET ADDRESS | | LAKELAND FL 33805 | |
| CITY-ST-ZIP | | | |
| TITLE | T | Rawls, Sybrena | <input type="checkbox"/> Delete |
| NAME | | 620 CHANNINGS RD. | |
| STREET ADDRESS | | LAKELAND FL 33805 | |
| CITY-ST-ZIP | | | |
| TITLE | T | Davis, Nellie | <input type="checkbox"/> Delete |
| NAME | | 1832 CAMBRIDGE COVE CR#206 | |
| STREET ADDRESS | | LAKELAND FL 33809 | |
| CITY-ST-ZIP | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Cordell Allen* **Cordell Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.24.04
Date

(863) 680-9981
Daytime Phone #