

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001310

FILED
Apr 18, 2005
Secretary of State

Entity Name: PURE LOVE MINISTRIES, INC.

Current Principal Place of Business:

2921 DUFF ROAD
LAKE LAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

+2921 DUFF ROAD
LAKE LAND, FL 33810 US

New Mailing Address:

2921 DUFF ROAD
LAKE LAND, FL 33810 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, CORDELL
1437 AMOS AVENUE
LAKE LAND, FL 33805 US

Name and Address of New Registered Agent:

ALLEN, CORDELL
2232 CINNAMON WAY, NORTH
LAKE LAND, FL 33801 US

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: CORDELL ALLEN

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, CORDELL
Address: 1437 AMOS AVE
City-St-Zip: LAKE LAND, FL 33805

Title: V () Delete
Name: ALLEN, MAMIE D
Address: 1437 AMOS AVE
City-St-Zip: LAKE LAND, FL 33805

Title: ST () Delete
Name: WILSON, TONIA
Address: 5771 NW 98 COURT
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: MARTIN, VICTORIA
Address: 604 W. MAGNOLIA ST.
City-St-Zip: LAKE LAND, FL 33805

Title: T () Delete
Name: RAWLS, SYBRENA
Address: 620 CHANNINGS RD.
City-St-Zip: LAKE LAND, FL 33805

Title: T () Delete
Name: DAVIS, NELLIE
Address: 1832 CAMBRIDGE COVE CR#206
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, CORDELL
Address: 2232 CINNAMON WAY, NORTH
City-St-Zip: LAKE LAND, FL 33801

Title: V (X) Change () Addition
Name: ALLEN, MAMIE D
Address: 2232 CINNAMON WAY, NORTH
City-St-Zip: LAKE LAND, FL 33801

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 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 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: CORDELL ALLEN

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date