

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001310

FILED  
Jun 27, 2009  
Secretary of State

Entity Name: PURE LOVE MINISTRIES, INC.

## Current Principal Place of Business:

257 NORTH SLOAN AVENUE  
LAKELAND, FL 33815 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1962  
LAKELAND, FL 33802 US

## New Mailing Address:

FEI Number: 02-0627849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ALLEN, CORDELL  
257 NORTH SLOAN AVENUE  
LAKELAND, FL 33815 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, CORDELL  
Address: 257 NORTH SLOAN AVENUE  
City-St-Zip: LAKELAND, FL 33815 US

Title: V ( ) Delete  
Name: ALLEN, MAMIE D  
Address: 257 NORTH SLOAN AVENUE  
City-St-Zip: LAKELAND, FL 33815 US

Title: ST ( ) Delete  
Name: BATES, TONIA  
Address: 2432 CORAL WAY  
City-St-Zip: LAKELAND, FL 33801 US

Title: T ( ) Delete  
Name: FULLER, ROBYN  
Address: 257 NORTH SLOAN AVENUE  
City-St-Zip: LAKELAND, FL 33815 US

Title: T ( ) Delete  
Name: SMITH, GLORIA  
Address: 12 CAPPY'S WAY  
City-St-Zip: BROCKTON, MA 02302 US

Title: T ( ) Delete  
Name: ALLEN, CHRISTOPHER  
Address: 257 NORTH SLOAN AVENUE  
City-St-Zip: LAKELAND, FL 33815 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: WILSON, LIZZIE  
Address: 702 EL PASEO  
City-St-Zip: LAKELAND, FL 33805 US

Title: T (X) Change ( ) Addition  
Name: SMITH, ALFRED  
Address: 12 CAPPY'S WAY  
City-St-Zip: BROCKTON, MA 02302 US

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 exemption stated in Chapter 119, 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

06/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date