

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720123

FILED
Apr 11, 2008
Secretary of State

Entity Name: PILGRIM REST FREE WILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

1047 N. OHIO AVE.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1047 N. OHIO AVE.
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 65-1131441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, F T
1047 N OHIO AVE
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: PC () Delete
Name: COLEMAN, F T
Address: 1047 N OHIO AVE
City-St-Zip: LAKELAND, FL

Title: T () Delete
Name: TYSON, EDDIE,
Address: 1047 N OHIO AVE
City-St-Zip: LAKELAND, FL

Title: T () Delete
Name: BAKER, DAVID
Address: 1047 N OHIO AVE
City-St-Zip: LAKELAND, FL

Title: VP () Delete
Name: RISHER, MELVIN
Address: 1047 N OHIO AVE
City-St-Zip: LAKELAND, FL 33805

Title: S () Delete
Name: HARRIS, JOYCE
Address: 1047 N. OHIO AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: T () Delete
Name: HORNE, MARY
Address: 1047 N OHIO AVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARY HORNE

TRUS

04/11/2008

Electronic Signature of Signing Officer or Director

Date