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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25880
 1. Corporation Name
PILGRIM CONGREGATIONAL CHURCH, UNITED CHURCH OF CHRIST, INC.

Principal Place of Business 6315 CENTRAL AVENUE ST. PETERSBURG FL 33710	Mailing Address 6315 CENTRAL AVENUE ST. PETERSBURG FL 33710
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/15/1988	4. FEI Number 59-0799914	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent
MILES, DAVID E
1960 DOLPHIN DR SOUTH
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME ANDERSON, ARNOLD	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Margaret M. Nagy
STREET ADDRESS 280 79TH ST. S.	CITY-ST-ZIP ST. PETERSBURG FL	1.2 NAME	1.3 STREET ADDRESS 2872 67th St. N
TITLE VCD <input checked="" type="checkbox"/> DELETE	NAME MILLER, CHARLES	1.4 CITY-ST-ZIP St. Petersburg, FL 33710	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6143 36TH AVE. N.	CITY-ST-ZIP ST. PETERSBURG FL	2.2 NAME Frances J. Whitney	2.3 STREET ADDRESS 955 51st St. N #301
TITLE D <input type="checkbox"/> DELETE	NAME MILES, DAVID E	2.4 CITY-ST-ZIP St. Petersburg, FL 33710	3.1 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1960 DOLPHIN DR S	CITY-ST-ZIP ST PETERSBURG FL 33707	3.2 NAME David E. Miles	3.3 STREET ADDRESS 1960 Dolphin Dr S
TITLE D <input type="checkbox"/> DELETE	NAME WEILL, MELANIE A	3.4 CITY-ST-ZIP St. Petersburg, FL 33707	4.1 TITLE
STREET ADDRESS 16478 REDINGTON DR.	CITY-ST-ZIP REDINGTON BEACH FL	4.2 NAME	4.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME JERSEY, JACK C	4.3 STREET ADDRESS	4.3 STREET ADDRESS
STREET ADDRESS 9145 34TH WAY NORTH	CITY-ST-ZIP PINELLAS PARK FL 33782	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME NORTHACKER, WILLIAM T	5.1 TITLE	5.1 TITLE
STREET ADDRESS 1847 SHORE DR. APT. 419	CITY-ST-ZIP S. PASADENA FL 33707	5.2 NAME	5.2 NAME
		5.3 STREET ADDRESS	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
		6.1 TITLE	6.1 TITLE
		6.2 NAME	6.2 NAME
		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David E Miles 2/17/99 727-343-2159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)