

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90072 031 ****61.25

DOCUMENT # N25880

1. Entity Name

PILGRIM CONGREGATIONAL CHURCH, UNITED CHURCH OF

Principal Place of Business

Mailing Address

6315 CENTRAL AVENUE
 ST. PETERSBURG FL 33710

6315 CENTRAL AVENUE
 ST. PETERSBURG FL 33710-8432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0799914

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, DAVID E
1960 DOLPHIN DR SOUTH
ST PETERSBURG FL 33707

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	NAGY, MARGARET M
STREET ADDRESS	2872 67TH ST N
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> Delete
NAME	WHITNEY, FRANCES J
STREET ADDRESS	955 51ST ST N 301
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	CD <input type="checkbox"/> Delete
NAME	MILES, DAVID E
STREET ADDRESS	1960 DOLPHIN DR S
CITY-ST-ZIP	ST PETERSBURG FL 33707
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WEILL, MELANIE A
STREET ADDRESS	16478 REDINGTON DR.
CITY-ST-ZIP	REDINGTON BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JERSEY, JACK C
STREET ADDRESS	9145 34TH WAY NORTH
CITY-ST-ZIP	PINELLAS PARK FL 33782
TITLE	D <input type="checkbox"/> Delete
NAME	NORTHACKER, WILLIAM T
STREET ADDRESS	1847 SHORE DR. APT. 419
CITY-ST-ZIP	S. PASADENA FL 33707

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Irene B
STREET ADDRESS	1960 Blvd S
CITY-ST-ZIP	St. Petersburg, Fl 33707
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terrell, Gordon
STREET ADDRESS	587 - 59th Street S.
CITY-ST-ZIP	St. Petersburg, Fl 33707
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)(l), 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: *David E. Miles* **David E. Miles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (727) 343-2159

Date

Daytime Phone #

CR2E037 (9/99)