


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 009 ****61.25

DOCUMENT # N25880			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0799914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARRY, FRANK J 10833 108TH STREET N SEMINOLE FL 33778		7. Name and Address of New Registered Agent	
		Name Edward Weill	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code 33707	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CO-CONVENER	Delete	TITLE CONVENER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARRY, FRANK J		NAME RUGA, Lucille	
STREET ADDRESS 10833 108TH STREET N		STREET ADDRESS 1698 - 63rd St.N	
CITY-ST-ZIP SEMINOLE FL 33778		CITY-ST-ZIP St.Petersburg, FL 33710	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GODOWN, KIM		NAME HALL, Janet L.	
STREET ADDRESS 6334-22ND AVE., N		STREET ADDRESS 6848 - 14th Street, So.	
CITY-ST-ZIP SAINT PETERSBURG FL 33710		CITY-ST-ZIP St.Petersburg, FL 33705	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE CLERK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUCHS, ARTHUR		NAME FERGUSON, Dorothy	
STREET ADDRESS 5970 80TH STREET N, #112		STREET ADDRESS 6264 Burlington Ave. N.	
CITY-ST-ZIP SAINT PETERSBURG FL 33709		CITY-ST-ZIP St.Petersburg, FL 33710	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE ENDOWMENT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEILL, MELANIE ANN		NAME MILES, David A.	
STREET ADDRESS 16478 REDINGTON DR.		STREET ADDRESS 8198 Terrace Gardens Drive #209	
CITY-ST-ZIP REDDINGTON BEACH FL 33708		CITY-ST-ZIP St.Petersburg, FL 33709	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERRELL, GORDON		NAME	
STREET ADDRESS 587 59TH STREET S		STREET ADDRESS	
CITY-ST-ZIP SAINT PETERSBURG FL 33707		CITY-ST-ZIP	
TITLE FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELD, GRACE M		NAME	
STREET ADDRESS 6740 GULFPORT BLVD. SO. #306		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33707		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)(i), 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: Janet L. Hall Janet L. Hall/Treasurer 727/347-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #