

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49072

**Entity Name:** MT. PILGRIM AFRICAN MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**5103 DR MARTIN LUTHER KING JR DRIVE  
MILTON, FL 32570**Current Mailing Address:**P.O. BOX 321  
MILTON, FL 32570 US**FEI Number:** 90-0490816**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GILMORE, JAMES  
6986 DALISA ROAD  
MILTON, FL 32583 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

**Officer/Director Detail :**

Title	D
Name	JOHNSON, JOE
Address	4021 GARCAN POINT ROAD
City-State-Zip:	MILTON FL 32583

Title	D
Name	FRANKLIN, ROBERT
Address	6624 LEE STREET
City-State-Zip:	MILTON FL 32570

Title	TD
Name	BROUGHTON, TERRAL
Address	5072 DR MARTIN LUTHER KING JR DRIVE
City-State-Zip:	MILTON FL 32570

Title	D
Name	ADAMS, JOHN
Address	6914 DALISA RD
City-State-Zip:	MILTON FL 32583

Title	S
Name	MCALLISTER, JACQUELINE
Address	7037 JACOBS VIEW LANE
City-State-Zip:	MILTON FL 32570

Title	T
Name	GILMORE, GWEN P
Address	6408 KENNINGTON CIRCLE
City-State-Zip:	MILTON FL 32570

Title	D/CH
Name	WILLINGHAM, MARVIN DWIGHT
Address	6266 STARHILL DR.
City-State-Zip:	MILTON FL 32570

Title	C/VICE CHAIR
Name	JOHNSON, MARY ELLEN
Address	6456 BARNES ST.
City-State-Zip:	MILTON FL 32570

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*I hereby 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 all other like empowered.*

**SIGNATURE:** GWEN P. GILMORE**TREASURER****03/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name STRICKLAND, ROBERT  
Address 7041 MARISSA POINT LANE  
City-State-Zip: MILTON FL 32570

Title D  
Name HAYES, WILLIE C  
Address 6949 JAVID RD.  
City-State-Zip: MILTON FL 32583

Title D  
Name JONES, LESTER  
Address 6223 STARHILL DR.  
City-State-Zip: MILTON FL 32570