

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **711237** (8)

1. Corporation Name

**FIRST PILGRIM CHURCH, INC.**

Principal Place of Business

**6161 ARTHUR STREET  
HOLLYWOOD FL 33021**

Mailing Address

**6161 ARTHUR STREET  
HOLLYWOOD FL 33021**



3. Date Incorporated or Qualified

**07/21/1966**

3a. Date of Last Report

**04/18/1995**

4. FEI Number

**65-0153144**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

**FORST, CAROLE  
8551 N.W. 15TH STREET  
PEMBROKE PINES FL 33024**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **OSBORN, DARLENE**  
STREET ADDRESS **7960 PLANTATION BLVD.**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ DELETE  
NAME **OSBORN, HAROLD E III**  
STREET ADDRESS **8431 N.W. 3RD STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **SD** ☐ DELETE  
NAME **OSBORN, KATHY**  
STREET ADDRESS **8431 N.W. 3RD STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ DELETE  
NAME **OSBORN, STEPHEN**  
STREET ADDRESS **184 FOREST**  
CITY-ST-ZIP **MARIETTA GA**

TITLE **TD** ☐ DELETE  
NAME **FORST, CAROLE**  
STREET ADDRESS **8551 N.W. 15TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)