

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 738746

1. Entity Name
PILGRIM REST BAPTIST CHURCH, INC.



Principal Place of Business

5595 HWY. 4 S.
PO BOX 341
BAKER, FL 32531

Mailing Address

5595 HWY. 4 S.
PO BOX 341
BAKER, FL 32531



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1487173

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEMARCHAND, LUCIEN
6947 LEE COOK ROAD
BAKER, FL 32531

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, THOMAS 947 CR 4A BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMARCHAND, LUCIEN 6947 LEE COOK RD. BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROYER, N. CLIFFORD SR. 5823 HWY. 4, W. BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000184027
01/20/05-80013-016 61.25*

**DO NOT WRITE
IN THIS SPACE**

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: *Lucien Le Marchand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 05 850-537-9221
Date Daytime Phone #