

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738746

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: PILGRIM REST BAPTIST CHURCH, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

5595 HWY. 4 S.  
BAKER, FL 32531

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 341  
BAKER, FL 32531

FEI Number: 59-1487173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMARCHAND, LUCIEN  
6947 LEE COOK ROAD  
BAKER, FL 32531 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARRETT, THOMAS  
Address: 947 CR 4A  
City-St-Zip: BAKER, FL

Title: PD ( ) Delete  
Name: LEMARCHAND, LUCIEN  
Address: 6947 LEE COOK RD.  
City-St-Zip: BAKER, FL

Title: D ( ) Delete  
Name: TROYER, N. CLIFFORD SR.  
Address: 5823 HWY. 4, W.  
City-St-Zip: BAKER, FL 32531

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARRETT, THOMAS  
Address: 947 CR 4A  
City-St-Zip: BAKER, FL 32531 US

Title: PD (X) Change ( ) Addition  
Name: LEMARCHAND, LUCIEN  
Address: 6947 LEE COOK RD.  
City-St-Zip: BAKER, FL 32531 US

Title: D (X) Change ( ) Addition  
Name: TROYER, N. CLIFFORD SR.  
Address: 5823 HWY. 4, W.  
City-St-Zip: BAKER, FL 32531 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUCIEN LEMARCHAND

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date