

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 741422 (0)

1. Corporation Name

PILGRIM FAMILY LEAGUE, INC.

Principal Place of Business

Mailing Address

14710 S. Spur Dr.

MIAMI, FLA. 33161

140 North East 83rd St.

MIAMI, FLORIDA 33138

2. Principal Place of Business 33138

2a. Mailing Address

14710 S. Spur Drive

21 140 N.E. 83rd St. Mia. Fla.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
Mia. Fla. 33138

27 City & State  
MIAMI FLA.

23 Zip

33138

25 Country

U.S.A.

29 Zip

33161

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1978

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0144301

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

MOMPRIEMER, JACQUES  
14710 S. SPUR DRIVE  
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

JACQUES S. MOMPRIEMER

82 Street Address (P.O. Box Number is Not Acceptable)

14710 S. SPUR DRIVE MIA. FLA # 33161

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 XXXXXXXXXXXXXXXX

STREET ADDRESS XXXXXXXXXXXXXXXX

CITY-ST-ZIP XXXXXXXXXXXXXXXX

TITLE SD ☐ DELETE

NAME XXXXXXXXXXXXXXXX

STREET ADDRESS XXXXXXXXXXXXXXXX

CITY-ST-ZIP XXXXXXXXXXXXXXXX

TITLE C ☐ DELETE

NAME GEORGES, CHALEMAGNE

STREET ADDRESS XXXXXXXXXXXXXXXX

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME VILLARSON, FRANTZ

STREET ADDRESS 12760 N.W. 1ST AVE

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME POLYCARPE, ANTHONY

STREET ADDRESS 1725 N.W. 190TH TERR.

CITY-ST-ZIP MIAMI FL

TITLE O ☐ DELETE

NAME PIERRE-ANTOINE, CHRISTIAN

STREET ADDRESS 16851 N.E. 18TH AVE, APT 311

CITY-ST-ZIP N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Rev. ASTREL ANDRE (PD) ☒ Change ☐ Addition

1.2 NAME 1220 N.E. 116th St.

1.3 STREET ADDRESS MIAMI, FLA. 3316

1.4 CITY-ST-ZIP

2.1 TITLE Rev. EMMANUEL EUGENE (SD) ☒ Change ☐ Addition

2.2 NAME 1517 N.E. 12th Ave.

2.3 STREET ADDRESS MIAMI, FLA. 33150

2.4 CITY-ST-ZIP

3.1 TITLE 14701 N.W. 3rd Ave. (C) ☒ Change ☐ Addition

3.2 NAME MIAMI, FLA 33168

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE JEAN CLAUDE M. CHARLEMAGNE ☒ Change ☐ Addition

4.2 NAME 13607 N.E. 5th Ave. (D)

4.3 STREET ADDRESS Mia. Fla. 33161

4.4 CITY-ST-ZIP

5.1 TITLE JACQUES MOMPRIEMER ☐ Change ☐ Addition

5.2 NAME 14710 South Spur Drive

5.3 STREET ADDRESS Miami Fla 33161

5.4 CITY-ST-ZIP VP

6.1 TITLE 400001905744 ☒ Change ☐ Addition

6.2 NAME -07/26/96--01064--015

6.3 STREET ADDRESS \*\*\*66.25

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

06/18/1996

JACQUES S. MOMPRIEMER

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)