

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741422 (0)**

1. Corporation Name  
**PILGRIM FAMILY LEAGUE, INC.**

Principal Place of Business	Mailing Address
<b>14710 South Spur Dr Miami, Fla. 33161</b>	<b>14710 S. SPUR DR. MIAMI FL 33161-2109</b>



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>90 N.E. 54th St</b>		26		01/23/1978		07/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 <b>Fla. 33137</b>		27		65-0144301		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution		<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
25 <b>USA</b>		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MOMPREMIER, JACQUES</b> <b>14710 S. SPUR DR.</b> <b>MIAMI FL 33161</b>				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 \_\_\_\_\_ DATE **06/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>0 ) Dr. Brunell Hyppolite</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRE, ASTREL</b>	1.2 NAME	<b>P.O.Box 331638</b>
STREET ADDRESS	<b>1220 NE 116 ST.</b>	1.3 STREET ADDRESS	<b>Miami, Fla. 33138</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUGENE, EMMANUEL</b>	2.2 NAME	
STREET ADDRESS	<b>1517 NE 12TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGES, CHARLEMAGNE</b>	3.2 NAME	
STREET ADDRESS	<b>14701 NW 3RD AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLEMAGNE, JEAN CLAUDE M</b>	4.2 NAME	
STREET ADDRESS	<b>13607 NE 5TH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	4.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>XXXXXXXXXXXXXXXXXXXX</b>	5.2 NAME	
STREET ADDRESS	<b>XXXXXXXXXXXXXXXXXXXX</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>XXXXXXXXXXXX</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

Rev. Jacques Mompremier /06/18/97

CR2E037 (9/96)