

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 JUN -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

80 NE 54TH ST
MIAMI FL 33137
US

14710 S. SPUR DR.
MIAMI FL 33161

3. Date Incorporated or Qualified

01/23/1978

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOMPREMIER, JACQUES
14710 S. SPUR DR.
MIAMI FL 33161

81 Name

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

83

84 City

500002553315-4

-06/09/98--01072--011

*****75.00 FL *****00

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ANDRE, ASTREL
STREET ADDRESS 1220 NE 116 ST.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SD
EUGENE, EMMANUEL
STREET ADDRESS 1517 NE 12TH AVE
CITY-ST-ZIP MIAMI FL 33150

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME C
GEORGES, CHARLEMAGNE
STREET ADDRESS 14701 NW 3RD AVE.
CITY-ST-ZIP MIAMI FL 33168

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
CHARLEMAGNE, JEAN CLAUDE M
STREET ADDRESS 13607 NE 5TH AVE.
CITY-ST-ZIP MIAMI FL 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME O
HYPPOLITE, BRUNELL D
STREET ADDRESS P O BOX 331638 N/A
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Jacques Mompremier
06/15/98

CR2E037 (10/97)