

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90069 028 ****61.25

0033045

DOCUMENT # 741422

1. Corporation Name.

PILGRIM FAMILY LEAGUE, INC.

Principal Place of Business

90 NE 54TH ST
MIAMI FL 33137
US

Mailing Address

14710 S. SPUR DR.
MIAMI FL 33161



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

WILKINSON RAYMONVIL

1701 NE 171 STREET

N. MIAMI B, FL 33162

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev [Signature] 04-25-99 305-949-6932

Daytime Phone #

CR2E037 (11/98)