## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000025

FILED Apr 22, 2005 Secretary of State

Entity Name: PILLAR COMMUNITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PILLAR GROUND AND TRUTH, COGBF 625 SW AVE B

625 SW AVE B BELLE GLADE, FL 33430 BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

PILLAR GROUND AND TRUTH, COGBF PO BOX 331

625 SW AVE B BELLE GLADE, FL 33430

BELLE GLADE, FL 33430

FEI Number: 01-0811049 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, CHARLES 1140 18TH AVE NORTH #2

LAKE WORTH, FL 33460 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: RUSSELL, GERALDINE S Name: RUSSELL, GERALDINE S

Name:RUSSELL, GERALDINE SName:RUSSELL, GERALDINE SAddress:275 SE 2ND AVE,Address:275 SE 2ND AVE,City-St-Zip:BELLE GLADE, FL 33493City-St-Zip:SOUTH BAY, FL 33493

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCDIFFIE, JIMMY
 Name:

 Address:
 1142 NW 30TH TERR.
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SMITH, TERRY
 Name:

 Address:
 1229 SW AVE C
 Address:

 City-St-Zip:
 BELLA GLADE, FL 33430
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALDINE S. RUSSELL PD 04/22/2005