

ANNUAL REPORT (AR)

DOCUMENT # N05000008762

1. Entity Name

PILGRIM REST PRIMITIVE BAPTIST ASSOCIATION, INC.



FILED
Feb 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

**4480 71ST STREET
WINTER BEACH FL 32971**

Mailing Address

**P.O. BOX 193
WINTER BEACH, FL 32971**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

81-0679538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMPTON, MITCHEL
4720 69TH STREET
VERO BEACH FL 32967**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**P
HAMPTON, MITCHEL
4720 69TH STREET
VERO BEACH FL 32967**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**VP
BANTA, ROBERT D
1111 SANTA ROSA DRIVE
ROCKLEDGE FL 32955**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**VP
MING, DONALD L
18800 S.E. 47TH PLACE
MORRISTON FL 32668**

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Change ☐ Addition

**U000000624270
02/14/07-80025-011 70.00**

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

2/01/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #