2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N21849

Entity Name: PILGRIM NEW HOPE CHURCH INC.

Current Principal Place of Business:

717 PARK AVENUE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

717 PARK AVENUE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 56-0303617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNQUIST, EVELYN
711 PARK AVENUE
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	TURNQUIST, EVELYN,	
Address:	711 PARK AVENUE	
City-St-Zip:	LAKE PARK, FL	
Title:	D	( ) Delete
Name:	WILLIAMS, RONALD,	
Address:	218 7TH ST 9	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	DC	( ) Delete
Name:	BROWN, ROY E.,	
Address:	135 SCHEAFFER STREET	
City-St-Zip:	BROOKLYN, NY	
Title:	TD	( ) Delete
Name:	TURNQUIS, LEONARD E	
Address:	711 PARK AVE	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	SD	( ) Delete
Name:	WHITE, SHIRLEY	
Address:	6762 SOUTHERN SPRINGS CIRCLE	
City-St-Zip:	MORROW, GA 302603143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EVELYN KILLINGSWORTH-TURNQUIST D 02/05/2009
Electronic Signature of Signing Officer or Director — Date