

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-01-2001 90008 013 ****70.00

DOCUMENT # N24181

1. Entity Name

THE PILGRIMS CHURCH, INC.

Principal Place of Business

13500 FRESHMAN LANE
 FORT MYERS FL 33912

Mailing Address

13500 FRESHMAN LANE
 FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0015924

Applied For

Not Applicable

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

Dr. Elaine Wildman, Moderator
~~MONGOVEN, MICHAEL~~
 13500 FRESHMAN LANE
 FORT MYERS FL 33912

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.

X *Dr. Elaine Wildman*
 SIGNATURE **Dr. Elaine Wildman - Moderator**

2/16/2001

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**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
 NAME **RICHARD, RALPH**
 STREET ADDRESS **13500 FRESHMAN LANE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **DV** ☐ Delete
 NAME **DELNAY, TOM**
 STREET ADDRESS **13500 FRESHMAN LANE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **S** ☐ Delete
 NAME **CHAMBERS, KATHY**
 STREET ADDRESS **13500 FRESHMAN LANE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **DP** ☐ Delete
 NAME **MONGOVEN, MIKE**
 STREET ADDRESS **13500 FRESHMAN LANE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME **Glenn Nieland**
 STREET ADDRESS **13500 Freshman Lane**
 CITY-ST-ZIP **Ft. Myers, FL**

TITLE ☐ Delete
 NAME **Ministry of Sharing**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
 NAME **Moderator**
 STREET ADDRESS **Dr. Elaine Wildman**
 CITY-ST-ZIP **13500 Freshman Lane**
FT. MYERS, FL **TD**

TITLE **D** ☒ Change ☐ Addition
 NAME **Vice Moderator**
 STREET ADDRESS **Charles Politis**
 CITY-ST-ZIP **13500 Freshman Lane**
FT. MYERS, FL **DV**

TITLE **D** ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Anne Ashley Hambidge**
 CITY-ST-ZIP **13500 Freshman Lane**
FT. MYERS, FL **S**

TITLE **D** ☒ Change ☐ Addition
 NAME **Richard Newton**
 STREET ADDRESS **13500 Freshman Lane**
 CITY-ST-ZIP **FT. MYERS, FL** **D**

TITLE **D** ☒ Change ☐ Addition
 NAME **Pam Robinson**
 STREET ADDRESS **13500 Freshman Lane**
 CITY-ST-ZIP **FT. MYERS, FL** **D**

TITLE **D** ☒ Change ☐ Addition
 NAME **Sharon Anderson**
 STREET ADDRESS **13500 Freshman Lane**
 CITY-ST-ZIP **FT. MYERS, FL** **D**

12. 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01
 Date

941-561-9878
 Daytime Phone #

CR2ED37 (10/00)