

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90004 004 \*\*\*\*61.25

**DOCUMENT # N24181**

1. Entity Name

**THE PILGRIMS CHURCH, INC.**

Principal Place of Business

Mailing Address

13500 FRESHMAN LANE  
FORT MYERS, FL 3391213500 FRESHMAN LANE  
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

- Zip

Country

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

~~XXXXXXXXXXXXXXXXXXXX~~  
~~MONGOWEN, MICHAEL~~  
 13500 FRESHMAN LANE  
 FORT MYERS FL 33912

Name

Dr. Elaine Wildman

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

13500 Freshman Lane

City

Fort Myers,

FL

Zip Code

33912

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.

SIGNATURE

Dr. Elaine A. Wildman

1/23/02

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME WILDMAN, ELAINE DR.  
 STREET ADDRESS 13500 FRESHMAN LANE  
 CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS POLITIS, CHARLES  
 CITY-ST-ZIP 13500 FRESHMAN LANE  
 FT. MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS HAMBIDGE, ANNE A  
 CITY-ST-ZIP 13500 FRESHMAN LANE  
 FT MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D HUME, DANA  
 STREET ADDRESS NEWBORN, RICHARD  
 CITY-ST-ZIP 13500 FRESHMAN LANE  
 FT MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D JACKIE CLARK  
 STREET ADDRESS ROBINSON, DAN  
 CITY-ST-ZIP 13500 FRESHMAN LN  
 FT MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D Glenn Nieland  
 STREET ADDRESS ANDERSON, SHARON  
 CITY-ST-ZIP 13500 FRESHMAN LANE  
 FT MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 817, 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: X

SKINATE RE REQUIRED Wildman

1/23/02

941-561-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)