

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 009 ****61.25

DOCUMENT # N25880 1. Entity Name PILGRIM CONGREGATIONAL CHURCH, UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 6315 CENTRAL AVENUE ST. PETERSBURG FL 33710			Mailing Address 6315 CENTRAL AVENUE ST. PETERSBURG FL 33710		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0799914	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARRY, FRANK J 10833 108TH STREET N SEMINOLE FL 33778				7. Name and Address of New Registered Agent Name Edward Stein Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33707	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CO-CONVENER Delete NAME BARRY, FRANK J STREET ADDRESS 10833 108TH STREET N CITY-ST-ZIP SEMINOLE FL 33778			TITLE CONVENER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME RUGA, Lucille STREET ADDRESS 1698 - 63rd St.N CITY-ST-ZIP St.Petersburg, FL 33710		
TITLE D <input checked="" type="checkbox"/> Delete NAME GODOWN, KIM STREET ADDRESS 6334-22ND AVE., N CITY-ST-ZIP SAINT PETERSBURG FL 33710			TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HALL, Janet L. STREET ADDRESS 6848 - 14th Street, So. CITY-ST-ZIP St.Petersburg, FL 33705		
TITLE D <input checked="" type="checkbox"/> Delete NAME LUCHS, ARTHUR STREET ADDRESS 5970 80TH STREET N, #112 CITY-ST-ZIP SAINT PETERSBURG FL 33709			TITLE CLERK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FERGUSON, Dorothy STREET ADDRESS 6264 Burlington Ave. N. CITY-ST-ZIP St.Petersburg, FL 33710		
TITLE D <input checked="" type="checkbox"/> Delete NAME WEILL, MELANIE ANN STREET ADDRESS 16478 REDINGTON DR. CITY-ST-ZIP REDDINGTON BEACH FL 33708			TITLE ENDOWMENT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MILES, David A. STREET ADDRESS 8198 Terrace Gardens Drive #209 CITY-ST-ZIP St.Petersburg, FL 33709		
TITLE D <input checked="" type="checkbox"/> Delete NAME TERRELL, GORDON STREET ADDRESS 587 59TH STREET S CITY-ST-ZIP SAINT PETERSBURG FL 33707			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE FINANCIAL SECRETARY <input checked="" type="checkbox"/> Delete NAME HELD, GRACE M STREET ADDRESS 6740 GULFPORT BLVD. SO. #306 CITY-ST-ZIP ST. PETERSBURG FL 33707			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Janet L. Hall</i>			Janet L. Hall/Treasurer 727/347-1226		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					