

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27401**

1. Corporation Name

**PILGRIM'S REST CHURCH OF VERO BEACH, INC.**

Principal Place of Business

1190 27TH AVE  
VERO BEACH FL 32960

Mailing Address

P.O. BOX 818  
MELBOURNE FL 32902-0818

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90019 005 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		07/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		65-0059633	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
25		29		30	

9. Name and Address of Current Registered Agent

**BRINSON, J. LESLIE**  
**4970 MARGARET ANN LANE**  
**FT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BRINSON, J. LESLIE	1.2 NAME	
STREET ADDRESS	4970 MARGARET ANN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HAMILTON, MARION	2.2 NAME	
STREET ADDRESS	2155 34TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	WATKINS, JACKIE H	3.2 NAME	Lorelei Lawrence
STREET ADDRESS	4775 QUAIL RUN PLACE	3.3 STREET ADDRESS	200 Cade Ave.
CITY-ST-ZIP	MELBOURNE FL 32904	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	TD	4.1 TITLE	
NAME	LAWRENCE, RICHARD A JR	4.2 NAME	
STREET ADDRESS	2112 S. GRANT PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

7/1/99

Date

407-727-1133

Daytime Phone #

CR2E037 (5/99)