


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38268</b> 1. Entity Name PILGRIM CHURCH, UNITED CHURCH OF CHRIST, ST. AUGUSTINE, FLORIDA, INC.	
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Principal Place of Business 5880 US 1 S ST. AUGUSTINE, FL 32086 US	Mailing Address P.O. BOX 860187 ST. AUGUSTINE, FL 32086 US
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07102006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2880675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PELLEGRIN, GERARD  
971 FISH ISLAND PLACE  
SAINT AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLESSNER, RICHARD 709 GILDA DRIVE SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, JOHN 836 PERIMETER PARK CIRCLE SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OUELLETTE, KATHY 33 FREELAND LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELLEGRINI, GERARD 971 FISH ISLAND PLACE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570663  
07/18/06-80004-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Gerard Pellegrini* - GERARD PELLEGRINI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06  
Date

904 471-0704  
Daytime Phone #