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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44163 (6)

1. Corporation Name

THE PILGRIMAGE, INC.



Principal Place of Business

ST. JOHN'S EPISCOPAL CHURCH
1876 SOUTH BELCHER ROAD
CLEARWATER FL 34624-6718

Mailing Address

P.O. BOX 5204
CLEARWATER FL 34618-5204
US

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 THE PILGRIMAGE, INC.

2a. Mailing Address

26 Suite, Apt. #, etc.
356 1/2 CLEARWATER/LARGO RD 27N

4. FEI Number
59-3072288

Applied For
Not Applicable

22 City & State

23 LARGO FL.

27 City & State

28

24 Zip
33770

Country

25 PINELLAS

29 Zip

30

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, GERTRUDE J.
2019 CORONET LANE
CLEARWATER FL 34624-3742

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD
NAME WHARTON, MARTHA
STREET ADDRESS 1373 FAIRFAX RD
CITY-ST-ZIP CLEARWATER FL

TITLE VD
NAME GATLIN, MARILYN
STREET ADDRESS 1699 SUMMERDALE DR
CITY-ST-ZIP CLEARWATER FL

TITLE SD
NAME ROBERTSON, JEANNE
STREET ADDRESS 3336 SAN BERNARDINO ST.
CITY-ST-ZIP CLEARWATER FL

TITLE TD
NAME CLARK, GERTRUDE J.
STREET ADDRESS 2019 CORONET LANE
CITY-ST-ZIP CLEARWATER, FL

TITLE AT
NAME BERCHER, MARLENE E
STREET ADDRESS 2251 WILLOWBROOK DRIVE
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME THOMAS DUANE
2.3 STREET ADDRESS 126 WOODCROFT DRIVE EAST
2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695-5619

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1482 WOODSTREAM DRIVE
3.4 CITY-ST-ZIP OLDSMAR, FL 34677

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: GERTRUDE J. CLARK Gertrude J. Clark 1-7-97 813/531-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067012

CR2E037 (9/96)