


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90082 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44163					
1. Corporation Name THE PILGRIMAGE, INC.					
Principal Place of Business 556 1/2 CLEARWATER/LARGO RD NORTH 1676 SOUTH BELCHER ROAD LARGO FL 33770 US			Mailing Address P.O. BOX 5204 CLEARWATER FL 33758 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/02/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3072288	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30			

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 33764				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			
				33764			

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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHARTON, MARTHA			1.2 NAME	WHARTON		
STREET ADDRESS	1373 FAIRFAX RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	33764-3722		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DUANE			2.2 NAME	DUANE		
STREET ADDRESS	126 WOODCREEK DR EAST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL			2.4 CITY-ST-ZIP	34695-5519		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, GERTRUDE J.			3.2 NAME			
STREET ADDRESS	2019 CORONET LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL			3.4 CITY-ST-ZIP	33764-3742		
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERCHER, MARLENE E			4.2 NAME	EICHELBERGER, MARLENE		
STREET ADDRESS	2251 WILLOWBROOK DRIVE			4.3 STREET ADDRESS	2008 NURSERY ROAD		
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	GYLFE BETSY	<input type="checkbox"/> DELETE		5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3178 SHORELINE DRIVE			5.2 NAME	GYLFE BETSY		
STREET ADDRESS				5.3 STREET ADDRESS	3178 SHORELINE DRIVE		
CITY-ST-ZIP	CLEARWATER, FL. 33760-1736			5.4 CITY-ST-ZIP	CLEARWATER, FL. 33760-1736		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:

GERTRUDE J. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

(737) 531-6838

Daytime Phone #

CR2E037 (11/98)