

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90033 001 \*\*\*\*61.25

<b>DOCUMENT # N92000000393</b> 1. Entity Name <b>PILGRIMS' UNITED CHURCH OF CHRIST, INC.</b>					
Principal Place of Business 509 COUNTY ROAD 468 FRUITLAND, FL 34731 US			Mailing Address 509 COUNTY ROAD 468 FRUITLAND, FL 34731 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3157008</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WELBURN, PAULINE B</b> <b>3354 RICHMOND DR.</b> <b>LADY LAKE, FL 32162</b>				7. Name and Address of New Registered Agent Name <u>WELBURN, PAULINE B</u> Street Address (P.O. Box Number is Not Acceptable) <u>3354 Richmond DR.</u> City <u>THE VILLAGES</u> <b>FL</b> Zip Code <u>32162</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD WELBURN, DANIEL 3354 RICHMOND DRIVE LADY LAKE, FL 32162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD WELBURN, DAN 3354 RICHMOND DRIVE THE VILLAGES, FL 32162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMTD WILLIAM, ARMSTRONG 213 JACARANDA DRIVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, KEN 114 ROBIN LANE WILDWOOD, FL 34785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSTD WELBURN, PAULINE B 3354 RICHMOND DR. LADY LAKE, FL 32162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSTD WELBURN, PAULINE B. 3354 RICHMOND DRIVE THE VILLAGES, FL 32162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> <u>Pauline B. Welburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Jan. 15 2006 352-258-4239</u> <small>Date Daytime Phone #</small>		