## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9200000393



**FILED** Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90108 031 \*\*\*\*61.25

PILGRIMS' UNITED CHURCH OF CHRIST, INC.							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
		· ·					
City & State		City & State		1		Applicable	
Zip	Country	Zip	Country	<b>5.</b> Certificate of Status	Desired, = 🔲 - \$8.	<b>75</b> Addi Required	tional
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agen		
SUMMERI	0 15TH CT FIELD FL 34491 named entity submits this statement for	or the purpose of changing its regi	co The	(P.O. pox Number is Not Acchment)  Villages  pred agent, or both, in the	FL	Zip Code <b>32/</b>	-7699
SIGNATURE .	Signature, typed or printed name of registered agent  FILE NOW: FEE IS \$61.25	Pauli and title if applicable. (NOTE: Reg  9. Election Campai Trust Fund Contr	gistered Agent signature require	\$5.00 May Be Added to Fees	Make Check Pa	yable t	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	O OFFICERS AND DIRECT	TORS IN	10
TITLE S	MTD HARRISON, HARRY 308 WILLOW WAY LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	<del></del>	Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMTD HEAPHY, SHIRLEY 316 WATERWOOD DR. YALAHA FL 34797	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ega were t the		Change	Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, KEN 114 ROBIN LANE WILDWOOD FL 34785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSTD DUKE, BILL 5516 ASTOR ST LEESBURG FL 34748	' 💢 Delete	NAME STREET ADDRESS CITY-ST-ZIP The	TD Line B. We 54 Rich mo	16um nd Dr. 32162-76	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <del> </del>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. 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 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:

april 52003 352-259-4239