FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000747 (6)**

1. Corporation Name

PILGRIM COVENANT CHURCH, INC.

Principal Place of Business	Mailing Address
6820 N.E. 2ND AVENUE MIAMI FL 33138	11929 E COLONIAL DR STE 146 ORLANDO FL 32826 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0413156 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 125 NE 119th St.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Miami, FL	City & State 28
Zip 24 33161	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent

ST. ARRE, HESAIRE REV
6820 N.E. 2ND AVENUE
MIAMI FL 33138

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) 125 NE 119th St.
33
34 City North Miami **FL** 35 Zip Code 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MIERICKE, KURT	12 NAME	
STREET ADDRESS	815 LAURELCREST DR	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DESSIN, ANNE M	22 NAME	
STREET ADDRESS	1548 NE 109 STR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RIODIN, JOSEPHINE	32 NAME	
STREET ADDRESS	12931 NW 19 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MATHIEUX, RENE	42 NAME	
STREET ADDRESS	3333 NW 5 AVE, APT 6	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LOUISSAINT, LUCIA	52 NAME	
STREET ADDRESS	665 NE 83 TRE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, JOINICE	62 NAME	
STREET ADDRESS	107 NE 9 CT	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: Kurt Miericke 3-1-95 407/381-5789
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

034000