

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000747 (6)**

1. Corporation Name

PILGRIM COVENANT CHURCH, INC.

Principal Place of Business

Mailing Address

**125 NE 119 ST
MIAMI FL 33161
US**

**11929 E COLONIAL DR
STE 146
ORLANDO FL 32826
US**



3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

04/06/1995

4. FEI Number

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**

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 12555 NW 17th Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**City & State
Miami, FL 33167**

28

23

29

**Zip
33167**

**Country
Dade**

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST. ARRE, HESAIRE REV
125 NE 119 ST
MIAMI FL 33161**

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 ☐ DELETE
NAME **D MIERICKE, KURT**
STREET ADDRESS **815 LAURELCREST DR**
CITY - ST - ZIP **ORLANDO FL 32828**

TITLE ☐ DELETE
NAME **D DESSIN, ANNE M**
STREET ADDRESS **1548 NE 109 STR**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D RIODIN, JOSEPHINE**
STREET ADDRESS **12931 NW 19 AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D MATHIEUX, RENE**
STREET ADDRESS **3333 NW 5 AVE, APT 6**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D LOUSSAINT, LUCIA**
STREET ADDRESS **665 NE 83 TRE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D JOSEPH, JOINICE**
STREET ADDRESS **107 NE 9 CT**
CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Kurt Miericke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Miericke 3/6/96

407/381-5789

Date

Daytime Phone #

CR2E037 (12/95)