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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra M. Morthgen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000747 (6)

1. Corporation Name

PILGRIM COVENANT CHURCH, INC.



Principal Place of Business

125 NE 119 ST
MIAMI FL 33161
US

Mailing Address

11829 E COLONIAL DR
STE 146
ORLANDO FL 32826-4703
US

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

25 1759 W. Broadway St.

27 Suite, Apt #, etc.
Suite #7

28 City & State

Oviedo, FL

29 Zip

32765

Country

30 USA

4. FEI Number

65-0413156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Rev. Saintasse Sarge

82 Street Address (P.O. Box Number is Not Acceptable)

1120 SW 49th St.

83

84 City

Miami

FL

85 Zip Code

33127

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]

March 5, 1997

Signature, typed and 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 ☐ DELETE

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

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 LOUISSAINT, 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

Director Alcime, Jean Baptiste

1032 NE 82nd Terr

Miami, FL 33138

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

Director Riodin

125 NE 119th St.

N Miami, FL 33161

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

Director Saint Louis Joseph

530 NW 110th Street

Miami, FL 33168

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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017703

CR2E037 (9/96)