## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**DOCUMENT #** 

Principal Place of Business

N94000006068 (0)

Mailing Address

PILGRIM COMMUNITY CHURCH, INC.

PETERS: BERTHA-

MITCHELL, PAT

**ORANGE CITY FL 32763** 

207 MCDONALD AVE.

DELAND FL 32720

ANGERER, JANET

DEBARY FL 32713

CHOPSKI, EDWARD

640 BISCAYNE DR.

232 LAKEWOOD DR.

<del>1800 E-GRAVEO AVE-LOT #133</del>

PO BOX 740-751 1725 VOLUSIA AVE., SO. ORANGE CITY FL 32763 ORANGE CITY FL 32774-0751 lncorporated or Qualified 12/12/1994 Date of Last Report 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address 59-3298497 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TAYLOR, RICHARD W. 82 Street Address (P.O. Box Number is Not Acceptable) 112 NORTH FL. AVE. 63 DELAND FL 32720 84 City 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, type it or printed name of registered agent and alle it applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PC/D DELETE 1.1 TITLE Change Addition TITLE SWEARENGIN, ROBERT L. NAME 1.2 NAME 710 S. SPARKMAN AVE. STREET ADDRESS 1.3 STREET ADDRESS ORANGE CITY FL 32763 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change THLE 2.1 TITLE Chaplain Lewis C. Long III CHAPLAIN LEWIS C. LONG 2.2 NAME NAME 176 EUCLID AVE. N. 2.3 STREET ADDRESS STREET ADDRESS LAKE HELEN FL 32744 2.4 CITY-ST-ZIP CHY-SI-ZiP DELETE TITLE 3.1 TiTLE Change

64 CITY-ST-ZIP

14. If 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 all chemont with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

34. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

THUE

NAME

TIFLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-May 1997

FILED

Mar 24 1997 8:00am

Secretary of State

904/

Change

Change

☐ Addition

Addition

R2E037 (9/96)