

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N94000006068 (0)**

1. Corporation Name

**PILGRIM COMMUNITY CHURCH, INC.**



|                                                                                       |                                                                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>1725 VOLUSIA AVE., SO.<br/>ORANGE CITY FL 32763</b> | Mailing Address<br><b>PO BOX 740-751<br/>ORANGE CITY FL 32774-0751</b> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                        |
|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/12/1994</b> |
|--------------------------------------------------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3298497</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                 |                                    |
|---------------------------------------------------------------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---------------------------------------------------------------------------------|------------------------------------|

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>TAYLOR, RICHARD W.<br/>112 NORTH FL. AVE.<br/>DELAND FL 32720</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                 |
|----------------------------|-------------------------------------------------|
| TITLE                      | PC/D <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>SWEARENGIN, ROBERT L.</b>                    |
| STREET ADDRESS             | <b>710 S. SPARKMAN AVE.</b>                     |
| CITY-ST-ZIP                | <b>ORANGE CITY FL 32763</b>                     |
| TITLE                      | MD <input type="checkbox"/> DELETE              |
| NAME                       | <b>CHAPLAIN LEWIS C. LONG III</b>               |
| STREET ADDRESS             | <b>176 EUCLID AVE. N.</b>                       |
| CITY-ST-ZIP                | <b>LAKE HELEN FL</b>                            |
| TITLE                      | D <input type="checkbox"/> DELETE               |
| NAME                       | <b>NAPOLITANO</b>                               |
| STREET ADDRESS             | <b>4510 COLONY RD</b>                           |
| CITY-ST-ZIP                | <b>NEW SMYRNA BCH FL</b>                        |
| TITLE                      | T <input type="checkbox"/> DELETE               |
| NAME                       | <b>MITCHELL, PAT</b>                            |
| STREET ADDRESS             | <b>207 McDONALD AVE.</b>                        |
| CITY-ST-ZIP                | <b>DELAND FL 32720.</b>                         |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE    |
| NAME                       | <b>ANGERER, JANET</b>                           |
| STREET ADDRESS             | <b>232 LAKEWOOD DR.</b>                         |
| CITY-ST-ZIP                | <b>DEBARY FL 32713</b>                          |
| TITLE                      | <input type="checkbox"/> DELETE                 |
| NAME                       |                                                 |
| STREET ADDRESS             |                                                 |
| CITY-ST-ZIP                |                                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>Lawrence Lewis</b>                                                        |
| 1.3 STREET ADDRESS                                    | <b>136 W. Gardenia</b>                                                       |
| 1.4 CITY-ST-ZIP                                       | <b>Orange City, FL. 32763</b>                                                |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>James Cioccio</b>                                                         |
| 2.3 STREET ADDRESS                                    | <b>836 Laurel Leaf St</b>                                                    |
| 2.4 CITY-ST-ZIP                                       | <b>Orange City, FL. 32763</b>                                                |
| 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              | <b>Miriam Napolitano</b>                                                     |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY-ST-ZIP                                       |                                                                              |
| 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>S/T Pat Mitchell</b>                                                      |
| 4.3 STREET ADDRESS                                    |                                                                              |
| 4.4 CITY-ST-ZIP                                       |                                                                              |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME                                              | <b>Mary Manna</b>                                                            |
| 5.3 STREET ADDRESS                                    | <b>1995 W. Kentucky Av.</b>                                                  |
| 5.4 CITY-ST-ZIP                                       | <b>De Land, FL. 32720</b>                                                    |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME                                              | <b>Carolyn Murray</b>                                                        |
| 6.3 STREET ADDRESS                                    | <b>2532 Old W. New York Av.</b>                                              |
| 6.4 CITY-ST-ZIP                                       | <b>De Land, FL. 32720</b>                                                    |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: **Lewis C. Long III** **Lewis C. Long III** **9 February 1998** **904) 228-2646**

CR2E037 (10/97)