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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006068

1. Corporation Name

PILGRIM COMMUNITY CHURCH, INC.

Principal Place of Business

1725 VOLUSIA AVE., SO.
ORANGE CITY FL 32763

Mailing Address

~~PO BOX 740737~~ **1725 Volusia Ave**
~~ORANGE CITY FL 32763~~ **32763-7324**

50.



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

59-3298497

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

9. Name and Address of Current Registered Agent

**TAYLOR, RICHARD W.
112 NORTH FL. AVE.
DELAND FL 32720**

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE ~~PC/D~~
NAME **LAWRENCE LEWIS**
STREET ADDRESS **136 W. GARDENIA**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ~~D~~ ☐ DELETE

NAME **MD**
STREET ADDRESS **CHAPLAIN LEWIS C. LONG III**
CITY-ST-ZIP **176 EUCLID AVE. N.
LAKE HELEN FL**

TITLE ~~D~~ ☐ DELETE

NAME **MIRIAM NAPOLITANO**
STREET ADDRESS ~~4510 COLONY RD~~ **106**
CITY-ST-ZIP ~~NEW SMYRNA BCH FL~~

TITLE ~~D~~ ☐ DELETE

NAME **ST MITCHELL, PAT**
STREET ADDRESS **207 MCDONALD AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ~~D~~ ☐ DELETE

NAME **MARY MANNA**
STREET ADDRESS **1995 W. KENTUCKY AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ~~D~~ ☐ DELETE

NAME **CAROLYN MURRAY**
STREET ADDRESS **2532 OLD W. NEW YORK AVE.**
CITY-ST-ZIP **DELAND FL 32721**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE **D** ☐ 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 **PC/D** ☐ 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

**105 West Elm Dr.
Orange City, FL 32763**

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 99

Date

904/228-2646

Daytime Phone #

CR2E037 (11/98)