

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006068

1. Entity Name

PILGRIM COMMUNITY CHURCH, INC.

Principal Place of Business

1725 VOLUSIA AVE., SO.
ORANGE CITY FL 32763

Mailing Address

1725 VOLUSIA AVE. S.
ORANGE CITY FL 32763-7324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3298497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE LEWIS	
STREET ADDRESS	136 W. GARDENIA	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CHAPLAIN LEWIS C. LONG III	
STREET ADDRESS	176 EUCLID AVE. N.	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	MIRIAM NAPOLITANO	
STREET ADDRESS	105 W. ELM DR.	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MITCHELL, PAT	
STREET ADDRESS	207 MCDONALD AVE.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARY MANNA	
STREET ADDRESS	1995 W. KENTUCKY AVE.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAROLYN MURRAY	
STREET ADDRESS	2532 OLD W. NEW YORK AVE.	
CITY-ST-ZIP	DELAND FL 32721	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Sixma O'Keefe	
STREET ADDRESS	1955 Catalina Blvd	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	CMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CMD	
STREET ADDRESS	32744	
CITY-ST-ZIP	32763	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Sharpe	
STREET ADDRESS	323 Blue Lake Terrace	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Humenai	
STREET ADDRESS	1395 1st St	
CITY-ST-ZIP	Orange City, FL 32763	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

1 March 2000

Date

904)228-
2646

Daytime Phone

CR2E037 (9/99)