

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90029 017 ****61.25

DOCUMENT # N94000006068

1. Entity Name

PILGRIM COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

1725 VOLUSIA AVE., SO.
 ORANGE CITY FL 32763

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

2. Principal Place of Business

3. Mailing Address

176 Euclid Av. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Helen,

City & State

City & State

Florida

4. FEI Number

59-3298497.

Applied For

Not Applicable

Zip

Country

Zip

Country

32744

USA

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: PD
 NAME: O'KEEFE, BONNIE S
 STREET ADDRESS: 1955 CATALINA BLVD
 CITY-ST-ZIP: DELTONA FL 32738 Delete

TITLE: Treasurer/Director
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: CMD
 NAME: CHAPLAIN LEWIS C. LONG III
 STREET ADDRESS: 176 EUCLID AVE. N.
 CITY-ST-ZIP: LAKE HELEN FL 32744 Delete

TITLE: C/P/MD
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: MIRIAM NAPOLITANO
 STREET ADDRESS: 105 W. ELM DR.
 CITY-ST-ZIP: ORANGE CITY FL 32763 Delete

TITLE: D James Marshall
 NAME: P.O. Box 57
 STREET ADDRESS: Cassadaga, FL
 CITY-ST-ZIP: 32706 Change Addition

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

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: SHARPE, WILLIAM
 STREET ADDRESS: 323 BLUE LAKE TERR
 CITY-ST-ZIP: DELAND FL 32720 Delete

TITLE: D Jim Cioccio
 NAME: 836 Laurel Leaf St.
 STREET ADDRESS: Orange City, FL
 CITY-ST-ZIP: 32763 Change Addition

TITLE: D
 NAME: HUMENAI, DEBORAH
 STREET ADDRESS: 1395 1ST ST
 CITY-ST-ZIP: ORANGE CITY FL 32763 Delete

TITLE: S
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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: *Chaplain Lewis C. Long III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 April 2001
 Date
 386/228-2646 or 386-2558
 Daytime Phone #

CR2E037 (10/00)