

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90266 036 ****61.25

DOCUMENT # N94000006068

1. Entity Name

PILGRIM COMMUNITY CHURCH, INC.

Principal Place of Business

1725 VOLUSIA AVE., SO.
 ORANGE CITY FL 32763

Mailing Address

176 EUCLID AV NORTH
 LAKE HELEN FL 32744

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	O'KEEFE, BONNIE S	
STREET ADDRESS	1955 CATALINA BLVD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	CPMD	<input type="checkbox"/> Delete
NAME	CHAPLAIN LEWIS C. LONG III	
STREET ADDRESS	176 EUCLID AVE. N.	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JAMES	
STREET ADDRESS	P O BOX 57	
CITY-ST-ZIP	CASSADAGA FL 32706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CIUCCIO, JIM	
STREET ADDRESS	836 LAUREL LEAF ST	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPE, WILLIAM	
STREET ADDRESS	323 BLUE LAKE TERR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUMENAI, DEBORAH	
STREET ADDRESS	1395 1ST ST	
CITY-ST-ZIP	ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)