

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90031 047 ****66.25

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



03022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------------|
| TITLE | TD |
| NAME | O'KEEFE, BONNIE S |
| STREET ADDRESS | P.O. BOX 3043 |
| CITY-ST-ZIP | DELAND, FL 32721 |
| TITLE | CPMD |
| NAME | CHAPLAIN LEWIS C. LONG III |
| STREET ADDRESS | 176 EUCLID AVE. N. |
| CITY-ST-ZIP | LAKE HELEN, FL 32744 |
| TITLE | V |
| NAME | MARSHALL, JAMES |
| STREET ADDRESS | P.O. BOX 57 |
| CITY-ST-ZIP | CASSADAGA, FL 32706 |
| TITLE | D |
| NAME | SHARPE, WILLIAM |
| STREET ADDRESS | 323 BLUE LAKE TERR |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | S |
| NAME | HUMENAI, DEBORAH |
| STREET ADDRESS | 1395 1ST ST |
| CITY-ST-ZIP | ORANGE CITY, FL 32763 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

2 March 2005

386) 228-2646

386) 775-4297