


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

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
--	--



01262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3298497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

2. 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be
Added to Fees**

U00000628569
02/16/07-80021-009 66.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'KEEFE, BONNIE S P.O. BOX 3043 DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPMD CHAPLAIN LEWIS C. LONG III 176 EUCLID AVE. N. LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSHALL, JAMES P O BOX 57 CASSADAGA, FL 32706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, WILLIAM 323 BLUE LAKE TERR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, CARYN 176 EUCLID AVE N LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, STEPHEN M P.O. BOX 129 LAKE HELEN, FL 32744

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Lewis C. Long III 27 January 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #