

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90030 024 ****61.25

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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



01062008 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 ☐ **\$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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

6 Jan 2008

386) 734-2558
228-2646