

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006068

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PILGRIM COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1725 VOLUSIA AVE., SO.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

176 EUCLID AV NORTH  
LAKE HELEN, FL 32744

**New Mailing Address:**

**FEI Number:** 59-3298497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: O'KEEFE, BONNIE S  
Address: P.O. BOX 3043  
City-St-Zip: DELAND, FL 32721

Title: CPMD  
Name: CHAPLAIN LEWIS C. LONG III  
Address: 176 EUCLID AVE. N.  
City-St-Zip: LAKE HELEN, FL 32744

Title: V  
Name: MARSHALL, JAMES  
Address: P O BOX 57  
City-St-Zip: CASSADAGA, FL 32706

Title: D  
Name: SHARPE, WILLIAM  
Address: 323 BLUE LAKE TERR  
City-St-Zip: DELAND, FL 32720

Title: S  
Name: MARSHALL, BRENT  
Address: P.O BOX 57  
City-St-Zip: CASSAGAGA, FL 32706

Title: D  
Name: FINN, STEPHEN M  
Address: P.O. BOX 129  
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAPLAIN LEWIS C LONG III

CPMD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date