


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 031 ****70.00

0037758

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000005 f. Corporation Name PILGRIMAGE HEALTH AND EDUCATION INITIATIVES, INC					
Principal Place of Business 1700 EAST LAS OLAS BLVD., STE. 102 FORT LAUDERDALE FL 33301			Mailing Address 1700 EAST LAS OLAS BLVD., STE. 102 FORT LAUDERDALE FL 33301		

619387-90010-31 7



2. Principal Place of Business 21 1100 LEE WAGENER BLVD. Suite, Apt. #, etc. 22 SUITE 309 City & State 23 FT. LAUDERDALE, FLORIDA Zip 24 33315 Country 25 USA		2a. Mailing Address 26 1100 LEE WAGENER BLVD. Suite, Apt. #, etc. 27 SUITE 309 City & State 28 FT. LAUDERDALE, FLORIDA Zip 29 33315 Country 30 USA		3. Date Incorporated or Qualified 01/02/1998 4. FEI Number 65-0814944 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
--	--	---	--	---	--

9. Name and Address of Current Registered Agent CYNAMON, JEFF P 1700 EAST LAS OLAS BLVD., STE. 102 FORT LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name CYNAMON, JEFF P. 82 Street Address (P.O. Box Number is Not Acceptable) 1100 LEE WAGENER BLVD # 309 83 84 City FT. LAUDERDALE FL 85 Zip Code 33315			
---	--	--	--	---	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODWIN, ALAN			1.2 NAME			
STREET ADDRESS	1700 EAST LAS OLAS BLVD., STE. 102			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUYSMAN, JAMES			2.2 NAME	HUYSMAN, JAMES		
STREET ADDRESS	1700 EAST LAS OLAS BLVD., STE. 102			2.3 STREET ADDRESS	1100 LEE WAGENER BLVD # 309		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, BARBARA			3.2 NAME	GIBSON, BARBARA DR.		
STREET ADDRESS	1700 EAST LAS OLAS BLVD., STE. 102			3.3 STREET ADDRESS	1100 LEE WAGENER BLVD # 309		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	MILEY, JEANNE		
STREET ADDRESS				4.3 STREET ADDRESS	1100 LEE WAGENER BLVD. # 309		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Barbara Gibson* **DR. BARBARA GIBSON** 7/9/99 (954) 953-6062
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)