

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000005

FILED
May 22, 2005
Secretary of State

Entity Name: PILGRIMAGE HEALTH AND EDUCATION INITIATIVES, INC.

Current Principal Place of Business:

601 GLENWOOD LANE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17355
FORT LAUDERDALE, FL 33318

New Mailing Address:

FEI Number: 65-0814944 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GIBSON, BARBARA DR.
P.O. BOX 17355
FORT LAUDERDALE, FL 33318 US

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: PTD () Delete
Name: GIBSON, BARBARA
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

Title: S/D () Delete
Name: FRANCIS, BETTY J DR.
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GIBSON, BARBARA DR.
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DR. BARBARA GIBSON

PTD

05/22/2005

Electronic Signature of Signing Officer or Director

Date