

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700458 (3)

1. Corporation Name

MYRTLE GROVE BAPTIST CHURCH INC



Principal Place of Business

Mailing Address

5920 LILLIAN WAY
PENSACOLA FL 32506

PO BOX 3159
PENSACOLA FL 32516
US

3. Date Incorporated or Qualified
02/17/1960

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-0879136

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BARNES, DOWDELL A JR
7021 FABIANO ST
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name Mann, Anne N.
82 Street Address (P.O. Box Number is Not Acceptable) 805 N. 57th Ave.
83
84 City Pensacola FL 85 Zip Code 32506

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: *Anne N. Mann*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEISTLER, CHARLES	
STREET ADDRESS	8129 WESTBOURNE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HORNE, ROBERT C	
STREET ADDRESS	1823 SANDRA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, DOWDELL A	
STREET ADDRESS	7021 FABIANO ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whitney, James	
1.3 STREET ADDRESS	2038 Brenda Ave.	
1.4 CITY-ST-ZIP	Pensacola, FL 32506	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richmond, Kenneth N.	
2.3 STREET ADDRESS	7580 Langford Lane	
2.4 CITY-ST-ZIP	Pensacola, FL 32526	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mann, Anne N.	
3.3 STREET ADDRESS	805 N. 57th Ave.	
3.4 CITY-ST-ZIP	Pensacola, FL 32506	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001734247	
5.3 STREET ADDRESS	-03/06/96--01065--014	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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.

Anne N. Mann, Treasurer Director

SIGNATURE: *Anne N. Mann*

904-434-2735

CR2E037 (12/95)