FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

700458

(3)

MYRTLE GROVE BAPTIST CHURCH INC

Principal Place of Business		Mailing Address			£ 100kH) (80H) 40H) BOHL BIRDI DIREL IKSS ANDIS DIDIL BIRKI BIRLI		
5920 LILLIAN WAY		PO BOX 3159			·		
PENSACOLA FL 32506		PENSACOLA FL 32516-3159					
		U\$		3. Date Incorporated or Qualified 02/17/1960	tualified 3a. Date of Last Report 03/06/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1 00,00	Applied For
21		26			59-0879136	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				□ \$8.7	75 Additional
		27		Certificate of Status Desired	1 1	e Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
The state of the s		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30 30 9. Name and Address of Current Registered Agent			01	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Cuffent Registered Agent 61 Name							
MANN, ANNE N 805 N 57TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32506							
LITORO	05/12 02000	•		0		7221	N: 0 4
			84	City		FL 85	Zip Code
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							
office or re agent. I an	egistered agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Such change was autitions of, Section 617. 0509; Flori	thorized by t da Statutes.	the corpo	pration's board of directors. I hereby accep	t the appointmen	it as registered
		\(\)	. V/ /	l U na	···	2/2/97	,
SIGNATORE _	ANNE N. MAN Signature, typed or printed name of registered agen	t and title if applicable. (NOTE)	Registered Agent	signature re	equired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☑ DELETE	1.1 TITLE	- 1	D TAHES H	Chai	nge 🔲 Addition
NAME	WHITNEY, JAMES		1.2 NAME		WHATLSY , JAHES H. 6915 OLSON RD.		
STREET ADORESS	2038 BRENDA AVE	,	1.3 STREET A				
CITY-ST-ZIP	PENSACOLA FL 32506	DELETE	1.4 City-St-		PENBALULA, 71 32506	다 char	nge
TITLE	VD DIGUNAND PENNETH N	□ vectit	2.1 TITLE	ļ	VD SARULD IVAN	L-T CIRI	ilige 🗀 vodition
NAME	RICHMOND, KENNETH N		2.2 NAME		SARVER IVAN 12 N 72Nd AVE		
STREET ADDRESS	7580 LANGFORD LN		2.3 STREET A		PENSALOUA, 71. 82506		
CITY-ST-ZIP TITLE	PENSACOLA FL 32528 TD DELETE		2.4 CITY-ST 3.1 TITLE	- 2117	Change Addition		
NAME	MANN, ANNE N	C) VIII.	3.2 NAME	1		had one	ngo pan inonion
STREET ADDRESS	805 N 57TH TERR		3.3 STREET A	UDBECC			
CITY-ST-ZIP	PENSACOLA FL 32506		3.4, CITY-ST-ZIP				
TITLE			4.1 TITLE	-24	☐ Change ☐ Ad		nge Addition
NAME		"	4. 2 NAME	ĺ			
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY - ST-	- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			5.2 NAME	ı	•		
STREET ADDRESS			5.3 STREET A	DORESS			
CITY-ST-ZIP			5.4 CITY-ST	- 21P			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			6.2 NAME	l			
STREET ADDRESS			6.3 STREET A	ODRESS			
CITY-ST-ZIP			6.4 CITY-ST				
14. I do hereb	by certify that the information supplied in indicated on this annual report or si	i with this filing does not qualify upplemental annual report is true	for the exen	nption strate and	ated in Section 119.07(3)(i), Florida Statute: that my signature shall have the same lega	s. I further certify I effect as if made	that the e under cath: that
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 1/3 if changed, or on an attaching an address.							

FILED

Feb 12 1997 8:00am

Secretary of State