FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 700458

MYRTLE GROVE BAPTIST CHURCH INC

Principal Place of Busil
5920 LILLIAN WAY
DENICACOLA EL 2000C

Mailing Address

PO BOX 3159 PENSACOLA FL 32516

FILED Feb 22, 1999 8:00 am Secretary of State

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PENONCOLA P	£ 32306	US				41 010 17 01071 010	ilk 819 11 (110 1	
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/17/1960			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-0879136		plied For Applicable	
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 A	dditional	
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be	
24	25	29 3	0		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
MANN, AN	INE N		81	Name	Address (D.O. Day Number in Not Acceptable)		· ·	
805 N 57			82	<u> </u>	Address (P.O. Box Number is Not Acceptable)			
PENSACO	LA FL 32506		83					
			84	1	FL	85 Zip C		
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	Stgnature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature n	equired when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		D,	☐ Change	☐ Addition	
NAME	HORACE G NEALY III		1.2 NAME		IVAN U. SAROER			
STREET ADDRESS	3101 LAS BRISAS DR		1.3 STREE	T ADDRESS	12 N. 72 A Ve		Į	
CITY-ST-ZIP	PENSACOLA FL 32526		1.4 CITY-S	T-ZIP	PGNSACOLA, FJ 32506			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	LEWIS M COSSON JR		2.2 NAME		FRANK W. JOHNSON III		1	
STREET ADDRESS	807 N 61ST AVE		2.3 STREE	T ADDRESS	12011 LITTIND HORY		-	
CITY-ST-ZIP	PENSACOLA FL 32506		2. 4 CITY-5	ST-ZIP	PENSACULI, FL 32506			
TITLE	T	☐ DELETE	3.1 TITLE		Treasurer Anne H. Mann 807 N. 57 L. Aue	Change	☐ Addition	
NAME	ANNE N MANN		3.2 NAME		Anne N. Mann			
STREET ADDRESS	807 N 57TH AVE		3.3 STREE	TADORESS	807 N. 37 LE AUE		ļ	
CITY-ST-ZIP	PENSACOLA FL 32506		3.4. CITY-5	ST-ZIP	Pensaula F1 32506			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS				TADORESS			ļ	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change	L.J AUGIRON	
NAME				T ADDRESS				
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE)1-EIF		Change	Addition	
TITLE		⊢1 nerε⊥ε	6.2 NAME				L., 7 (30(00))	
NAME				T ADDRESS			ļ	
STREET ADDRESS			6.4 CITY-S					
CITY-ST-7IP			0.4 CHT-2	11-28-				

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:

REQUIRED