

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-27-2002 90007 039 ****61.25

DOCUMENT # 700458

1. Entity Name

MYRTLE GROVE BAPTIST CHURCH INC

Principal Place of Business

5920 LILLIAN WAY
 PENSACOLA FL 32506

Mailing Address

PO BOX 3159
 PENSACOLA FL 32516
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0879136**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, ANNE N.
805 N 57TH AVE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Anne N. Mann* DATE 1/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WHATLEY, JAMES H	
STREET ADDRESS	6915 OLSON RD.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KESTLER, CHARLES	
STREET ADDRESS	8129 WEST BOURNE DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANNE N MANN	
STREET ADDRESS	807 N 57TH AVE	<i>Director</i>
CITY-ST-ZIP	PENSACOLA FL 32506	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTLER, CHARLES	<i>Director</i>
STREET ADDRESS	8129 WEST BOURNE DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, WILLIAM M. JR	<i>Director</i>
STREET ADDRESS	5611 PONTA VERDE RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	<i>VICE PRESIDENT</i>
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE 1/11/02 DAYTIME PHONE # 850-455-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)