


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90048 005 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 700458</b>  |         |  |         |
| 1. Entity Name<br><b>MYRTLE GROVE BAPTIST CHURCH INC</b>                      |         |   |         |
| Principal Place of Business<br><b>5920 LILLIAN WAY<br/>PENSACOLA FL 32506</b> |         | Mailing Address<br><b>PO BOX 3159<br/>PENSACOLA FL 32516<br/>US</b>               |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



MOORE CR2E037 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>59-0879136</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|  |  |  |  |
|--|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                   |  | <b>7. Name and Address of New Registered Agent</b> |  |
| <b>EMOND, GEAN ANN<br/>6241 SPANISH OAK COURT<br/>PENSACOLA FL 32526</b> |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>STEELE, WILLIAM M JR<br>5611 PONTE VERDE RD<br>PENSACOLA FL 32507 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PD Furr, Robert H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>206 N. 59th Ave<br>PENSACOLA, FL 32506              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VDD<br>FURR, ROBERT H<br>206 N. 59TH AVE<br>PENSACOLA FL 32506 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | VDD<br>Johanson, Franklin III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12011 LILLIAN HWY<br>PENSACOLA, FL 32506 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>EMOND, GEAN ANN<br>6241 SPANISH OAK COURT<br>PENSACOLA FL 32526 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | BUNT, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>TO<br>10733 JOLYNE WAY<br>PENSACOLA, FL 32506            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** R. L. Bunt **R. L. Bunt** 2/25/04 850-455-7329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #