2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700458

FILED Jan 04, 2007 Secretary of State

Entity Name: MYRTLE GROVE BAPTIST CHURCH INC

Current Principal Place of Business: New Principal Place of Business:

5920 LILLIAN WAY PENSACOLA, FL 32506

Current Mailing Address: New Mailing Address:

PO BOX 3159

PENSACOLA, FL 32516 US

FEI Number: 59-0879136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSEN, CHRISTOPHER REV 971 VONNA JO CIR PENSACOLA, FL 32506 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COD () Delete (X) Change () Addition NEALY, HORADE G KEISTLER, CHARLES Name: Name: 3104 LAS BRISAS DR Address: 8129 WESTBOURNE DR Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32506

Title: VCOD () Delete Title: VCOD (X) Change () Addition Name: KEISTLER, CHARLES Name: BENNETT, CHARLES A

Address: 8129 WESTBOURNE Address: 33560 COYLE LANE City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: LILLIAN, AL 36549

Title: () Delete Title: () Change () Addition

HANSEN, DALLAS Name: Name: 3069 FLINTLOCK DR Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip:

Title: () Delete Title: () Change () Addition

LARSEN, CHRISTOPHER REV Name: Name: 971 VONNA JO CIR Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER LARSEN Α 01/04/2007