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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 701431

(9)

MYRTLE GROVE COMMUNITY CLUB INC

								 		
Principal Place o	of Business	Mailing Ad	ddress				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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P O BOX 3202 P O BOX 3202 PENSACOLA FL 32516 PENSACOLA FL 32516										
PENSACOCA FL	. 32510	PENONO	OLA IL GESIO				corporated or Qualified /16/1960	3a. Date 04	of Last F /28/19	
2. Principal Plac	ce of Business	2a. Mailing	g Address			4. FEI Nur	nber 0007000			pplied For
		26				21	-0007606			ot Applicabl
Suite, Apt. #,	, etc.	h1	Apt. #, etc.			5. Certific	ate of Status Desired			Additional lequired
City R Chata		27 Cdv 8	State			6 Floation	Campaign Financing			May Be
City & State		28	Glate			I	und Contribution			to Fees
Zip	Country	Zip		Count	try	8. This co	rporation has liability for	intangible tax ı	under s. 1	199.032,
	25	29		30			01010100	Yes No		
	9. Name and Address of Curre	ent Registered /	Agent			10. Name	and Address of New F	legistered Ag	ent	
				3	Name	lenn Cur	rie.			
THOMAS,	WALTER M.			6	32 Street A	Address (<u>P</u> .O. Box	Number is Not Acceptat	ole)		•
322 N. 61						70 Kmb	exton Rol			
PENSACO)LA FL 32506			1	33	•				
				8	34 City					Code
					P	rsacola		<u>FL</u>	33	206
 Pursuant to 	the provisions of Sections 617.050 d agent, or both, in the State of Flo n, and accept the bligations of Sec	02 and 617.1508 orida. Such chanc	8, Florida Statute se was authoriz	es, the above ed by the co	e-named con progration's t	rporation submits : board of directors.	this statement for the pu I hereby accept the app	irpose of chang pointment as re	ging its re gistered :	igistered om agent. I am
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IGNATUREs	Signiture typed or printed name of registered age	ont and title if applicable	e (NC	TE: Registered A		equired when reinstating)		DATE		3S IN 12
SIGNATURES	Signiture typed or printed name of registered age	Curr	3. (NC	TE: Registered A	gent signature re	equired when reinstating)	ONS/CHANGES TO OFF	DATE FICERS AND D		RS IN 12
EIGNATURE 5	Signature typed or printed name of registered ago OFFICERS A	ont and title if applicable	e (NC	TE: Registered A	gent signatura re	equired when reinstating)		DATE FICERS AND D	DIRECTOR	
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