

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701431 (9)

1. Corporation Name
MYRTLE GROVE COMMUNITY CLUB INC



Principal Place of Business: **DEAD END OF 61ST SOUTH OF WESTJACKSON P O BOX 3202 PENSACOLA FL 32516**
Mailing Address: **DEAD END OF 61ST SOUTH OF WESTJACKSON P O BOX 3202 PENSACOLA FL 32516**

3. Date Incorporated or Qualified: **09/16/1960**
3a. Date of Last Report: **04/28/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 27-0007606	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	Country	30	Country					

9. Name and Address of Current Registered Agent

**THOMAS, WALTER M.
322 N. 61ST AVE.
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name: **Glenn Currie**
82 Street Address (P.O. Box Number is Not Acceptable): **7820 Templeton Rd**
83
84 City: **Pensacola** FL 85 Zip Code: **32506**

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: *Glenn E. Currie* DATE: **1/25/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, CHARLES	1.2 NAME	
STREET ADDRESS	15 NOTTINGHAM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, MIKE	2.2 NAME	
STREET ADDRESS	21 GAMWELL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JEFF	3.2 NAME	
STREET ADDRESS	10 OSAGE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, BILLY D.	4.2 NAME	Bender, John M
STREET ADDRESS	25 ADKINSON DR.	4.3 STREET ADDRESS	7762 Templeton Rd
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola FL 32506-5526
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, GLENN	5.2 NAME	
STREET ADDRESS	7820 TEMPLETON RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WALTER M.	6.2 NAME	D
STREET ADDRESS	322 N. 61ST AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Glenn E. Currie* DATE: **1/25/96** DAYTIME PHONE: **904 455 6467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)