

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90140 002 ****61.25

DOCUMENT # 752132

1. Entity Name

MYRTLE REGULAR BAPTIST CHURCH, INC.



Principal Place of Business
2660 BRANDYWINE LANE
MELBOURNE, FL 32904

Mailing Address
1600 JINN CT. S.E.
PALM BAY, FL 32909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132006

Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, AUTTIS J
1600 JINN CT. S.E.
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name

Cox, Auttis J.

Street Address (P.O. Box Number is Not Acceptable)

4387 Winding Oaks Circle

City

Mulberry

FL

Zip Code

33860

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WILLIAMS, ODES
STREET ADDRESS 1790 HARLOCK RD
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VD ☐ Delete
NAME LOWE, JOHN M
STREET ADDRESS PO BOX 402
CITY-ST-ZIP ANTHONY, FL 32617

TITLE SD ☐ Delete
NAME COX, AUTTIS J
STREET ADDRESS 1600 JINN CT. S.E.
CITY-ST-ZIP PALM BAY, FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME COX, AUTTIS J
STREET ADDRESS 4387 WINDING OAKS CIRCLE
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Auttis J. Cox Auttis J. Cox

7/14/2006

863-913-5336

Daytime Phone #