FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	

DOCUMENT # N38517

1. Corporation Name

(1)

		DDEAD/FEDIAN	ALIUDALI	MIC
MYRTLE	GROVE	PRESBYTERIAN	CHUHCH.	INU.

MYRTLE	GROVE PRESBYTERIAN C	HURCH, INC.			
Principal Place o	of Business	Mailing Address		1 1881/151 848 ((B) 1219) Arial ((B)) (a	
2961 NW 175 S OPA LOCKA FL		P.O. BOX 693906 Miami Fl 33269-3906			
O. N. 2000V. 72				3. Date Incorporated or Qualified 06/08/1990	3a. Date of Last Report 12/18/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1	•••	26		65-0197894	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zıp	Country	8. This corporation has liability for i	intangible tax under s. 199.032,
•	25	29	30	Florida Statutes 10. Name and Address of New R	Yes No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New A	egistore Agon
	CLAIRE ESQUIRE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ıle)
	NOREWS AVE		83		
SUITE 401			"		
FT. LAUD	ERDALE FL 33311-3940		84 City		FL 85 Zip Code
		1017 1000 Fledde Challet	too the above named corn	oration submits this statement for the pul pard of directors. I hereby accept the app	races of changing its registered office
SIGNATURE _	Signature typed or printed name of registered agent	ID DIRECTORS	OTE: Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE		Change Addition
NAME	PEARSON, JAMES		. 1 2 NAME		
TREET ADDRESS	520 NW 196TH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	Fine ere	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	VT	DELETE	2 1 TITLE		
NAME	ROGERS, LARRY G.		2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS	1845 N.W. 185TH TERRACE				
CITY - ST - ZIP	OPA LOCKA FL		2 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	GRAYSON, LOUELLA L.	المادات	3 2 NAME		
NAME	8465 N.W. 12TH AVENUE		3.3 STREET ADDRESS		
STREET ADORESS CITY - ST - ZIP	MIAMI FL		3 4. CITY - ST - ZIP		
TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	COOPER, BERNANDINE		4. 2 NAME		
STREET ADDRESS	3064 NW 63RD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	TD	DELETE	5.1 TITLE		Change Addition
NAME	ROLLE, INEZ		52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD		61 TITLE 62 NAME		_ •
NAME	TILLMAN, ANNA 7000 NW 28TH AVE.		6.2 NAME 6.3 STREET ADORESS		* * · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	LMARM CI		GACITY-ST. 7IP		
CITY-ST-ZIP		d with this filing is voluntarily fu	the state of the same of the same	ity for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
certify th	lat the information indicated on this al	noration or the receiver or trus	tee empowered to execute	curate and that my signature shall have the this report as required by Chapter 617,	Florida Statutes; and that my name
appears	in Block 12 or Block 13 if changed, o	r on an attachment with an ac	idress.	/ /	,
010515	THE TIME	m 1/1	200	2/11/96	628 0153
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