


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38517 (1)**  
1. Corporation Name  
**MYRTLE GROVE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>2961 NW 175 ST OPA LOCKA FL 33056-4046</b>	Mailing Address <b>P.O. BOX 693906 MIAMI FL 33269-3906</b>
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3. Date Incorporated or Qualified <b>06/08/1990</b>		
4. FEI Number <b>65-0197894</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CUBBIN, CLAIRE ESQUIRE  
2101 N ANDREWS AVE  
SUITE 401-402  
FT. LAUDERDALE FL 33311-3940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	PEARSON, JAMES	
STREET ADDRESS	520 NW 196TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROGERS, LARRY G.	
STREET ADDRESS	1845 N.W. 185TH TERRACE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GRAYSON, LOUELLA L.	
STREET ADDRESS	8465 N.W. 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, BERNANDINE	
STREET ADDRESS	3064 NW 63RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROLLE, INEZ	
STREET ADDRESS	1820 N.W. 183RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TILLMAN, ANNA	
STREET ADDRESS	7000 NW 28TH AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY NORRIS, MARY	
1.3 STREET ADDRESS	20608 SW 103 PL	
1.4 CITY-ST-ZIP	MIAMI FL 33189	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	FLORENCE SMITH ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SMITH, FLORENCE	
3.3 STREET ADDRESS	70020 NW 34 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33056	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRAYSON, LOUELLA	
4.3 STREET ADDRESS	8465 NW 12TH AVE	
4.4 CITY-ST-ZIP	MIAMI FL	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEARSON, IRLS	
5.3 STREET ADDRESS	520 NW 196TH ST	
5.4 CITY-ST-ZIP	MIAMI FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **LARRY G. ROGERS** 3/22/98 305 625 0153

CR2E037 (10/97)