NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N38517

1. Corporation Name

MYRTLE GROVE PRESBYTERIAN CHURCH, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90165 026 ****70.00

Principal Place of Business Mailing Address							•			
2961 NW 175 ST OPA LOCKA FL 33056-4046		P.O. BOX 693906 MIAMI FL 33269-3906								
⊢ '	ace of Business	2a. Mailing Address				3. Date Inc 06/08/	corporated or Qualife	d		
21 28						4. FEI Nun			App	lied For
22		27]	65-019	97894		Not	Applicable
	حد المالية ا	City & State						-1	\$8.75 A	dditional
_	San Carlotte Company	28				Certifcat	te of Status Desired	X	Fee Rec	
Zip	Country	Zip	Country			6. Election	Campaign Financing	1 _	\$5.00 N	May Re
24	25	29 30	กั				and Contribution	' _□	Added to	- ,
24]	<u> </u>				nd Address of New	Registered	Agent			
· 	9. Name and Address of Current	Troglotor ou 7 tgans	81	Name						
CUBBIN, CLAIRE ESQUIRE			82	Street	t Address	(P.O. Box I	Number is Not Accep	otable)		
2101 N ANDREWS AVE			83							
SUITE 401-402			63							
FT. LAUDE	RDALE FL 33311-3940		84	City				FL	85 Zip C	ode
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.										
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florid	a Statutes	-						
SIGNATURE								DATE		Ì
				tegistered Agent signature required 13.			NS/CHANGES TO C		ID DIRECTO	RS IN 12
12.		D DIRECTORS DELETE				ADDITIO	10,0,0,0,0,0		Change	☐ Addition
TITLE	PT	□ DELETE	1.1 TITLE						change	
NAME	NORRIS, MARY		1.2 NAME							
STREET ADDRESS	20608 SW 103 PL		1.3 STREE	TADDRESS	ss					
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-S	T-ZIP						TALES :
TITLE	VT DELETE		2.1 TITLE		ļ				Change	☐ Addition
NAME	ROGERS, LARRY G.		2.2 NAME							
STREET ADDRESS	1845 N.W. 185TH TERRACE		2.3 STREE	T ADDRESS	is					1
CITY-ST-ZIP	OPA LOCKA FL		2. 4 CITY-	ST-ZIP						
TITLE	ST.	☐ DELETE	3.1 TITLE		5.7				Change	☐ Addition
NAME	SMIKLE, FLORENCE		3.2 NAME		Pos	hor b	Norence	1		
STREET ADDRESS	20020 NW 34TH COURT		33 STREE	TADDRESS	s 200	של הלו	w 3400	rt		
	MIAMI FL 33056		3.4. CITY-		~ %\\ \\\\\\	ami	FI 3305	6.		
CITY-ST-ZIP	TD	□ DELETE	4.1 TITLE	31-21	1	1	3303		Change	Addition
l I	· -		4. 2 NAME							_
NAME	GRAYSON, LOUELLA									
STREET ADDRESS	8465 NW 12TH AVE		1	T ADDRESS	×					
CITY-ST-ZIP			4.4 CITY-ST-ZIP						Change	☐ Addition
πιε	тр	LI DELETE	5.1 TITLE		LX I		~ ^		Actional	C. Madillon
NAME	PEARSON, IRIS		5.2 NAME		rea	rson	726			
STREET ADDRESS	520 NW 196TH ST			T ADDRESS	2 5 5 5 5 5	NM	196th St		÷	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-5	T-ZIP	M	umij	<u> </u>			\
TITLE	TD	-DELETE	6.1 TITLE			,		**.*	Change	Addition
NAME	TILLMAN, ANNA		6.2 NAME		1					
STREET ADDRESS	·		6.3 STREE	TADDRESS	ss			•		

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 leport 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MIAMI FL

305-621-661

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