

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38517

1. Entity Name

MYRTLE GROVE PRESBYTERIAN CHURCH, INC. R

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90032 041 \*\*\*\*70.00

Principal Place of Business

2961 NW 175 ST  
 OPA LOCKA FL 33056-4046

Mailing Address

P.O. BOX 693906  
 MIAMI FL 33269-3906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0197894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUBBIN, CLAIRE ESQUIRE  
 2101 N ANDREWS AVE  
 SUITE 401-402  
 FT. LAUDERDALE FL 33311-3940

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PT  Delete  
 NAME: NORRIS, MARY  
 STREET ADDRESS: 20608 SW 103 PL  
 CITY-ST-ZIP: MIAMI FL 33189

TITLE: PEARSON, JAMES, PT  Change  Addition  
 NAME: PEARSON, JAMES, PT  
 STREET ADDRESS: 520 NW 196TH ST.  
 CITY-ST-ZIP: MIAMI FL 33167

TITLE: ST  Delete  
 NAME: POITIER, FLORENCE  
 STREET ADDRESS: 20020 NW 34 CT  
 CITY-ST-ZIP: MIAMI FL 33056

TITLE:  Change  Addition  
 NAME: "  
 STREET ADDRESS: "  
 CITY-ST-ZIP: "

TITLE: TD  Delete  
 NAME: GRAYSON, LOUELLA  
 STREET ADDRESS: 8465 NW 12TH AVE  
 CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
 NAME: Beverly A. Forrest  
 STREET ADDRESS: 1161 NW Little River Dr  
 CITY-ST-ZIP: MIAMI FL 33150

TITLE: VT  Delete  
 NAME: PEARSON, IRIS  
 STREET ADDRESS: 520 NW 196TH ST  
 CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
 NAME: "  
 STREET ADDRESS: "  
 CITY-ST-ZIP: "

TITLE:  Delete  
 NAME: "  
 STREET ADDRESS: "  
 CITY-ST-ZIP: "

TITLE:  Change  Addition  
 NAME: "  
 STREET ADDRESS: "  
 CITY-ST-ZIP: "

TITLE:  Delete  
 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 exemption stated in Section 119.07(3)(i), 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:

*JAMES PEARSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2000 (305) 653-7210  
 Date Daytime Phone #

CR2E037 (5/00)