

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90004 010 ****61.25

DOCUMENT # N38517

1. Entity Name

MYRTLE GROVE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

2961 NW 175 ST
 OPA LOCKA FL 33056-4046

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

Zip

Country

Zip

Country

4. FEI Number

65-0197894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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	ST	<input type="checkbox"/> Delete
NAME	GARDNER, EARVIN	
STREET ADDRESS	5920 SW 61 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PT	<input type="checkbox"/> Delete
NAME	PEARSON, IRIS	
STREET ADDRESS	520 NW 196TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRUTON, TOMMIE	
STREET ADDRESS	11298 NW 21 COURT	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TT	<input type="checkbox"/> Delete
NAME	FORBES, BEVERLY A	
STREET ADDRESS	1161 NW LITTLE RIVER DR	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-02

CR2E037 (9/01)