

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 25, 2009  
Secretary of State**

DOCUMENT# N38517

Entity Name: MYRTLE GROVE PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

2961 NW 175 ST  
MIAMI GARDENS, FL 330564046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 693906  
MIAMI GARDENS, FL 33269

**New Mailing Address:**

FEI Number: 65-0197894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BLYTHE-MARTIN, BARBARA H MRS  
7873 S. SILVERADO CIRCLE  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: BRUTON, TOMMY  
Address: 11298 NW 21 COURT.  
City-St-Zip: MIAMI, FL 33167

Title: VT ( ) Delete  
Name: BLYTHE-MARTIN, BARBARA  
Address: 7873 S. SILVERADO CIRCLE  
City-St-Zip: DAVIE, FL 33024

Title: TT ( ) Delete  
Name: ROBERTS, PAUL  
Address: 14565 N.E. 3RD COURT  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BLYTHE-MARTIN

VT

09/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date