

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91408 006 ****61.25

our 90047

DOCUMENT # N38517

1. Entity Name

MYRTLE GROVE PRESBYTERIAN CHURCH, INC.



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

Zip

Country

Zip

Country

4. FEI Number **65-0197894**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GARDNER, EARVIN	
STREET ADDRESS	5920 SW 61 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PT	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GENEVA PHILLIPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5201 NW 33rd Avenue	
STREET ADDRESS	Miami, FL 33142	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Geneva Phillips

CR2E037 (10/02)