

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90001 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000006434

1. Corporation Name

MYRTLE GROVE UNITED METHODIST CHURCH, INC.

Principal Place of Business

1030 N. 57TH AVE.
 PENSACOLA FL 32516

Mailing Address

1030 N. 57TH AVE.
 PENSACOLA FL 32516

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 DEPARTMENT OF STATE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	PO Box 3225	11/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-6044762	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Pensacola, FL		Pensacola, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		
		32516	USA		

9. Name and Address of Current Registered Agent

SHEFFIELD, BRUCE W
 824 N. 74TH AVE.
 PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	FL

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, GEORGE	1.2 NAME	Boyd, Charles
STREET ADDRESS	1200 EDISON DR.	1.3 STREET ADDRESS	3278 Las Brisas Dr.
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, CHARLES	2.2 NAME	Lee, Sam
STREET ADDRESS	3278 LAS BRISAS DRIVE	2.3 STREET ADDRESS	7524 Lillie Lane
CITY-ST-ZIP	PENSACOLA FL 32526	2.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, FRANK	3.2 NAME	Jones, Nancy
STREET ADDRESS	221 CHEROKEE TR.	3.3 STREET ADDRESS	535 N. Fairfield Dr.
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JEAN	4.2 NAME	Benson, Frank
STREET ADDRESS	610 N. 79TH AVE.	4.3 STREET ADDRESS	221 Cherokee Tr.
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHATFIELD, ELLEN	5.2 NAME	Helton, Thomas
STREET ADDRESS	921 SPRING CREEK CIRCLE	5.3 STREET ADDRESS	302 Ruberia Ave.
CITY-ST-ZIP	PENSACOLA FL 32514	5.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, SAM	6.2 NAME	Dunbar, Bill
STREET ADDRESS	7524 LILLIE LANE	6.3 STREET ADDRESS	6165 Hilltop Rd.
CITY-ST-ZIP	PENSACOLA FL 32526	6.4 CITY-ST-ZIP	Pensacola, FL 32504

14. 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 report 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.

SIGNATURE: Charles Boyd 8/25/99 850-452-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)