

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90018 046 \*\*\*\*61.25

**DOCUMENT # N98000006434**

1. Entity Name

**MYRTLE GROVE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

1030 N. 57TH AVE.  
 PENSACOLA FL 32516

PO BOX 3225  
 PENSACOLA FL 32516-3225  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6044762**

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

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

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	DP	<input type="checkbox"/> Delete
NAME	BOYD, CHARLES	
STREET ADDRESS	3278 LAS BRISAS DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEE, SAM	
STREET ADDRESS	7524 LILLIE LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, NANCY	
STREET ADDRESS	535 N FAIRFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BENSON, FRANK	
STREET ADDRESS	221 CHEROKEE TR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELTON, THOMAS	
STREET ADDRESS	302 RUBERIA AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNBAR, BILL	
STREET ADDRESS	6165 HILLTOP RD	
CITY-ST-ZIP	PENSACOLA FL 32504	

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		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Herndon	
STREET ADDRESS	1200 Edison Dr.	
CITY-ST-ZIP	Pensacola, FL 32505	
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 another like empowered.

**SIGNATURE:** Charles Boyd **REQUIRED** Charles Boyd 3/10/00 850-452-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)