

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90080 017 \*\*\*\*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  
 US

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



DO NOT WRITE IN THIS SPACE

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**  Delete  
 NAME **BOYD, CHARLES**  
 STREET ADDRESS **3278 LAS BRISAS DR**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **DP**  Change  Addition  
 NAME **Hankins, Bill**  
 STREET ADDRESS **1901 West Garden**  
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **DV**  Delete  
 NAME **WOLFE, GLENDA**  
 STREET ADDRESS **8176 CAMELFORD DR.**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DP**  Change  Addition  
 NAME **Brown, Hobey**  
 STREET ADDRESS **5911 Lillian Hwy**  
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **DS**  Delete  
 NAME **JONES, NANCY**  
 STREET ADDRESS **535 N FAIRFIELD DR**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DS**  Change  Addition  
 NAME **Scott, Ellen**  
 STREET ADDRESS **909 N. 58th Ave**  
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **DP**  Delete  
 NAME **HERNDON, GEORGE**  
 STREET ADDRESS **1200 EDISON DR.**  
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D**  Change  Addition  
 NAME **Martineau, Linda**  
 STREET ADDRESS **1910 N. 61st St.**  
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **D**  Delete  
 NAME **HELTON, THOMAS**  
 STREET ADDRESS **302 RUBERIA AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DV**  Change  Addition  
 NAME **Jones, Shep**  
 STREET ADDRESS **9454 Kainui Dr.**  
 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **D**  Delete  
 NAME **DUNBAR, BILL**  
 STREET ADDRESS **6165 HILLTOP RD**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D**  Change  Addition  
 NAME **Byrd, Jim**  
 STREET ADDRESS **772 Chesterfield Rd.**  
 CITY-ST-ZIP **Pensacola, FL 32506**

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:

*Glenn M. ...*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr 02 850-452-9637  
 Date Daytime Phone #

CR2E037 (9/01)