## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006434

FILED May 01, 2006 Secretary of State

Entity Name: MYRTLE GROVE UNITED METHODIST CHURCH, INC.

**New Principal Place of Business: Current Principal Place of Business:** 1030 N. 57TH AVE. PENSACOLA, FL 32516 **Current Mailing Address: New Mailing Address:** PO BOX 3225 PENSACOLA, FL 32516 US FEI Number: 59-6044762 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: Name and Address of New Registered Agent: AVERY, CHARLES 824 N. 74TH AVE. PENSACOLA, FL 32506 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition STUMP, HARRY LEWIS, KEN Name: Name: 213 TALLOW TREE DR Address: 1908 GULF BAY LN Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: ( ) Delete Title: (X) Change ( ) Addition KIEL, ALLAN Name: HELTON, TOM Name: Address: 6 ALAN-A-DALE Address: 302 RUBERIA AVE City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32507 Title: () Delete Title: (X) Change ( ) Addition BOYD, CONNIE MCHATTON,, MIKE Name: Name: 3278 LAS BRISAS DR 7901 ATLAS ST Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32506 Title: ( ) Delete Title: (X) Change ( ) Addition RALLI, BILL Name: Name: HULIEN, LOU 527 LIFAIR PL Address: Address: 450 MEADSON LN PENSACOLA, FL 32506 City-St-Zip: City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: (X) Change ( ) Addition POTTER, JIM LAGUENS, CAROL Name: Name: 201 RENTZ AVE 3105 LAS BRIAS Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32526 Title: () Delete Title: (X) Change ( ) Addition MOULDER, AARON POTTER, NELL Name: Name: Address: 201 RENTZ AVE Address: 5708 ALMAX CT PENSACOLA, FL 32507 PENSACOLA, FL 32506 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEN LEWIS D 05/01/2006