


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006434

1. Entity Name
MYRTLE GROVE UNITED METHODIST CHURCH, INC.



| | |
|---|--|
| Principal Place of Business 1030 N. 57TH AVE. PENSACOLA, FL 32516 | Mailing Address PO BOX 3225 PENSACOLA, FL 32516 US |
|---|--|



02162007 . No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-6044762 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

AVERY, CHARLES
824 N. 74TH AVE.
PENSACOLA, FL 32506

**DO NOT WRITE
IN THIS SPACE**

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: *Charles W. Avery* Charles Avery 4/1/07
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, KEN 1908 GULF BAY LN PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELTON, TOM 302 RUBERIA AVE. PENSACOLA, FL 32507 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCHATTON, MIKE 7901 ATLAS ST PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HULIEN, LOU 450 MEADSON LN PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAGUENS, CAROL 3105 LAS BRIAS PENSACOLA, FL 32526 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOULDER, AARON 5708 ALMAX CT PENSACOLA, FL 32506 |

**DO NOT WRITE
IN THIS SPACE**

100000692206
04/13/07-80042-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marie Ponder, Treasurer* 4/1/07 (850) 456-7463.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Marie Ponder Treasurer