2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT # N99000	005911	-,					• 6 ,0
MYRTLE GROVE YOUTH ASSOCIATION FOUNDATION, INC.					FILED			
			,		00 SEP -8 PM 3: 56			
•		Mailing Address	•					
		99 NORTH 61ST AVE PENSACOLA FL 32506			SECRETARY OF STATE TALLAHASSEE FLORIDA			
								Hari ka har
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address O. Box 3202					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPACE	
City & State		PENSACOLA, FL.		4	I. FEI Numbe	er	├	pplied For ot Applicable
Zip	Country	32526	Country USA	5	. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current				. Name and	Address of New Re	gistered Agent	
الما المستحد معلى المستعملية الديان بالمستميل يتهمن المستميلية بالمستميل المستميل المستميل المستميل				Name				
CURRIE, GLENN 7820 TEMPLETON ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32507			-07				▶ ∎ Zip Cod	<u> </u>
			City	·			FL '	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office	or registered	agent, or both	n, in the state of Flor	ida.	
SIGNATURE .								
i diameter	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent sign	sature required whe	en reinstating)		DATE	
JB.	FILE NOW: FEE IS \$61.25	9. Election Camp	paign Financing	\$5.0	0 May Be	Make	Check Payable to	,
	ember 13, 2000 min. will be \$	236.25 Trust Fund Co	ntribution.		to Fees		partment of State	
10.	OFFICERS AND D		11.	ADI	DITIONS/CHA	ANGES TO OFFICER	RS AND DIRECTORS IN	
TITLE NAME	d Currie, glên	☐ Delete	TITLE NAME		50	nooss	☐ Change ☐ 7 5 9 5 —	Addition
STREET ADDRESS	99 NORTH 61ST AVE		STREET ADDRESS	i	<u>-</u>	-09/19/0 *****61	JU01030 00	06
CITY-ST-ZIP TITLE	PENSACOLA FL 32506 D	☐ Delete	CITY-ST-ZIP		<u> </u>	4444401		☐ Addition
NAME	MACON, ROBERT R		NAME					
STREET ADDRESS CITY-ST-ZIP	99 NORTH 61ST AVE PENSACOLA FL 32506		STREET ADDRESS CITY-ST-ZIP	·				
TITLE	D -	Delete	TITLE	3GT-	AT-AR	M S Donald J	☐ Change	Addition
NAME Street address	HALL, MIKE 99 North 61st ave		NAME STREET ADDRESS	3181	PALOM	DONALD I	-	
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	PENS	ACOLA,	FL. 3250	⊃6 ☐ Change	Addition
TITLE NAME	D Miller, Jeff	☐ Delete	TITLE NAME					Addition
STREET ADDRESS CITY-ST-ZIP	99 NORTH 61ST AVE PENSACOLA FL 32506		STREET ADDRESS CITY-ST-ZIP	5				
TITLE	TENDACOLA TE OEGO	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	,				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
TITLE NAME		☐ Defete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	S		STREET ADDRESS	s			•	KE
12. I hereby o	ertify that the information supplied wit	h this filing does not qualify for	the exemption st	tated in Section	on 119.07(3)(i), Florida Statutes. I	further certify that the i	nformation
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: # SIGNATURE NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								