

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-16-2001 90136 001 ***122.50

DOCUMENT # N99000005911

1. Entity Name

MYRTLE GROVE YOUTH ASSOCIATION FOUNDATION, INC.

Principal Place of Business 99 NORTH 61ST AVE PENSACOLA FL 32506	Mailing Address PO BOX 3202 PENSACOLA FL 32506
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

31-1709400

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CURRIE, GLENN
7820 TEMPLETON ROAD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: **Vicki Ruschel**
 Street Address (P.O. Box Number is Not Acceptable): **520 Long Lake Dr.**
 City: **Pensacola** FL Zip Code: **32506**

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: Vicki Ruschel Vicki Ruschel 5/1/01
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CURRIE, GLEN
STREET ADDRESS	99 NORTH 61ST AVE
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	MACON, ROBERT R
STREET ADDRESS	99 NORTH 61ST AVE
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, JEFF
STREET ADDRESS	99 NORTH 61ST AVE
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	SAA <input type="checkbox"/> Delete
NAME	NESMITH, DONALD JR.
STREET ADDRESS	318 PALOMINO CIR
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY SCAPICCHI
STREET ADDRESS	99 NORTH 61ST AVE
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vince Childers
STREET ADDRESS	7396 Esther Ave
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	TAMMY THOMPSON Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	931 N. 59th Ave
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vicki Ruschel
STREET ADDRESS	520 Long Lake Dr
CITY-ST-ZIP	PENSACOLA FL 32506
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 817, 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: Vicki Ruschel 5/1/01 (850) 438-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)