


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91118 001 \*\*\*122.50

**DOCUMENT # N99000005911**

1. Entity Name  
**MYRTLE GROVE YOUTH ASSOCIATION FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**99 NORTH 61ST AVE**      **PO BOX 3202**  
**PENSACOLA FL 32506**      **PENSACOLA FL 32516**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1709400**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSCHEL, VICKI**  
**520 LONG LAKE DR.**  
**PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vicki L. Ruschel*      *Vicki L. Ruschel*      **4-18-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCAPECCHI, LARRY	
STREET ADDRESS	99 NORHT 61ST AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHILDERS, VINCE	
STREET ADDRESS	7396 ESTHER AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, TAMMY	
STREET ADDRESS	931 N. 59TH AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSCHEL, VICKI	
STREET ADDRESS	520 LONG LAKE DR	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Vicki L. Ruschel*      *Vicki L. Ruschel*      **4-18-03**      **(850)438-1622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)