

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90031 022 ****70.00

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01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3531305 Applied For Not Applicable

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

DOCUMENT # N99000006084
 1. Entity Name
 MYRTLE GROVE NEIGHBORHOOD WATCH, INC.



Principal Place of Business 5398 LILLIAN HWY #35 PENSACOLA, FL 32506
 Mailing Address 5398 LILLIAN HWY #35 PENSACOLA, FL 32506

2. Principal Place of Business **SAME AS ABOVE**
 Suite, Apt. #, etc.
 3. Mailing Address **SAME AS ABOVE**
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 SHICK, T W
 5398 LILLIAN HWY #35
 PENSACOLA, FL 32506

7. Name and Address of New Registered Agent
 Name **SAME**
 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 *T. Wayne Shick* DATE **1-15-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	SHICK, T W	
STREET ADDRESS	5398 LILLIAN HWY #35	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MEL	
STREET ADDRESS	6450 BIRKHEAD DR	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DORAN, TERRY	
STREET ADDRESS	611 EDGECLIFF DR	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	T Nelloms	<input type="checkbox"/> Delete
NAME	NELLAMS, PAULA	
STREET ADDRESS	28 LINDA STREET	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELBY, BILL	
STREET ADDRESS	19 LINDA ST	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELVIN, SHIRLEY	
STREET ADDRESS	601 FRANCES DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Abramowitz	
STREET ADDRESS	Director 12 Colby Lane	
CITY-ST-ZIP	Pensacola FL 32506	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bud Rogers	
STREET ADDRESS	Director 610 N. 79th Ave.	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Melvin	
STREET ADDRESS	Vice President 601 Frances Drive	
CITY-ST-ZIP	Pensacola FL 32506	
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: *T. W. Shick* DATE: **1-15-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
T. W. Shick