
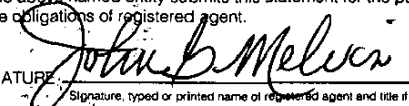



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 041 ****70.00

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3531305 | |
| | | | | 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 | | | | 7. Name and Address of New Registered Agent | |
| SHICK, T W 5398 LILLIAN HWY #35 PENSACOLA, FL 32506 | | | | Name Melvin, John G. | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 5398 Lillian Hwy #35 | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE:  | | John G. Melvin Registered Agent & President | | 1/10/06 | |
| | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHICK, T W PRESIDE | | NAME | Melvin, John G. | |
| STREET ADDRESS | 5398 LILLIAN HWY #35 | | STREET ADDRESS | 5398 Lillian Hwy #35 | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | Pensacola, FL 32506 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABRAMOWITZ, CHRIS DIRECTO | | NAME | | |
| STREET ADDRESS | 12 COLBY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, BUD DIRECTO | | NAME | | |
| STREET ADDRESS | 610 N. 79TH AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELLOMS, PAULA TREASUR | | NAME | | |
| STREET ADDRESS | 28 LINDA STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP & D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MELVIN, JOHN V. PRES | | NAME | Denton, Doris L. | |
| STREET ADDRESS | 601 FRANCES DRIVE | | STREET ADDRESS | 619 Woodsman Drive | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | Pensacola, FL 32506 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELVIN, SHIRLEY | | NAME | Melvin, Shirley | |
| STREET ADDRESS | 601 FRANCES DRIVE | | STREET ADDRESS | 5398 Lillian Hwy #35 | |
| CITY-ST-ZIP | PENSACOLA, FL 32506 | | CITY-ST-ZIP | Pensacola, FL 32506 | |
| 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:  | | Paula Nelloms, Treasurer | | 1/10/06 (850)470-2675 | |
| | | (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) | | Date Daytime Phone # | |