


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3531305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELVIN, JOHN G 5398 LILLIAN HWY #35 PENSACOLA, FL 32506
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000591978 01/19/07-80044-010 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, JOHN G 5398 LILLIAN HWY #35 PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, CHRIS DIRECTO 12 COLBY LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BUD DIRECTO 610 N. 79TH AVE. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELLOMS, PAULA TREASUR 28 LINDA STREET PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DENTON, DORIS L 619 WOODSMAN DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, SHIRLEY 5398 LILLIAN HWY #35 PENSACOLA, FL 32506

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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: <i>Paula S. Nelloms, Treasurer</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-8-07	Daytime Phone # (850) 470-2675
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