


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90186 023 \*\*\*\*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 - No P.O. Box # 1305 N. 69th Ave Suite, Apt. #, etc.		3. Mailing Address 1305 N. 69th Ave Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32506		Country USA	
4. FEI Number 59-3531305		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			02262008 Chg-NP CR2E037 (12/06)
6. Name and Address of Current Registered Agent MELVIN, JOHN G 5398 LILLIAN HWY #35 PENSACOLA, FL 32506		7. Name and Address of New Registered Agent Name: Clifford J. Palmer Street Address (P.O. Box Number is Not Acceptable) 1305 N. 69th Ave 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: <i>Clifford J. Palmer</i> DATE: 2-26-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MELVIN, JOHN G STREET ADDRESS: 5398 LILLIAN HWY #35 CITY-ST-ZIP: PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Clifford J. Palmer STREET ADDRESS: 1305 N. 69th Ave, Pensacola, FL CITY-ST-ZIP: 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ABRAMOWITZ, CHRIS DIRECTO STREET ADDRESS: 12 COLBY LANE CITY-ST-ZIP: PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE: George mazzagotte NAME: 1041 Weatherwood Dr Director STREET ADDRESS: Pensacola FL CITY-ST-ZIP: 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ROGERS, BUD DIRECTO STREET ADDRESS: 610 N. 79TH AVE. CITY-ST-ZIP: PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: NELLOMS, PAULA TREASUR STREET ADDRESS: 28 LINDA STREET CITY-ST-ZIP: PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: DENTON, DORIS L STREET ADDRESS: 619 WOODSMAN DR CITY-ST-ZIP: PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE: Tom Danks NAME: 827 N. 57th Ave Vice President STREET ADDRESS: Pensacola FL CITY-ST-ZIP: 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: MELVIN, SHIRLEY STREET ADDRESS: 5398 LILLIAN HWY #35 CITY-ST-ZIP: PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE: Maxine Palmer NAME: 1305 N. 69th Ave. Secretary STREET ADDRESS: Pensacola FL CITY-ST-ZIP: 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Nelloms, Treas.</i>		Date: 2-26-08 Daytime Phone #: (850) 456-8103	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	