



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 Zip 32506		City & State Pensacola FL Zip 32506		4. FEI Number 59-3531305	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" 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				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			
Make check payable to Florida Department of State					
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 32506 CITY-ST-ZIP	<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 32506 CITY-ST-ZIP	<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 32506 CITY-ST-ZIP	<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 #: 456-8103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					