

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006084

FILED
Apr 24, 2009
Secretary of State

Entity Name: MYRTLE GROVE NEIGHBORHOOD WATCH, INC.

Current Principal Place of Business:

1305 N 69TH AVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1305 N 69TH AVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3531305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, CLIFFORD
1305 N. 69TH AVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALMER, CLIFFORD
Address: 1305 N. 69TH AVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: MAZZAQOTTE, GEOGE
Address: 7041 WEATHERWOOD DR
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: ROGERS, BUD DIRECTO
Address: 610 N. 79TH AVE.
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: NELLOMS, PAULA TREASUR
Address: 28 LINDA STREET
City-St-Zip: PENSACOLA, FL 32506

Title: VPD () Delete
Name: DANKS, TOM
Address: 827 N. 57TH AVE.
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: PALMER, MAXINE
Address: 1305 N. 69TH AVE
City-St-Zip: PENSACOLA, FL 32516

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAZZAQOTTE, GEORGE
Address: 7041 WEATHERWOOD DR
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA NELLOMS

T

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date