

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90063 025 \*\*\*\*70.00

**DOCUMENT # N99000006084**



1. Entity Name  
**MYRTLE GROVE NEIGHBORHOOD WATCH, INC.**

Principal Place of Business      Mailing Address  
**5398 LILLIAN HWY #35      5398 LILLIAN HWY #35**  
**PENSACOLA FL 32506      PENSACOLA FL 32506**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3531305**

Applied For  
Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$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

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHICK, T W</b>
STREET ADDRESS	<b>5398 LILLIAN HWY #35</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARTIN, MEL</b>
STREET ADDRESS	<b>6450 BIRKHEAD DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>DORAN, TERRY</b>
STREET ADDRESS	<b>611 EDGECLIFF DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>NELLAMS, PAULA</b>
STREET ADDRESS	<b>28 LINDA STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHELBY, BILL</b>
STREET ADDRESS	<b>19 LINDA ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HONER, ELIZABETH</b>
STREET ADDRESS	<b>610 72ND AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S Shirley Melvin</b>
STREET ADDRESS	<b>601 Frances Drive</b>
CITY-ST-ZIP	<b>Pensacola, FL 32506</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *T. Shick* **REQUIRE** *Wayne Shick*      3/12/03 (850)453-1508

CR2E037 (10/02)