


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90026 025 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N93000003969</b>   |         |  |         |
| 1. Entity Name<br><b>PLEASANT GROVE BAPTIST CHURCH, INC.</b>                         |         |   |         |
| Principal Place of Business<br><b>9301 GULF BEACH HIGHWAY<br/>PENSACOLA FL 32507</b> |         | Mailing Address<br><b>9301 GULF BEACH HIGHWAY<br/>PENSACOLA FL 32507</b>          |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E037 (10/04)

|   |  |   |          |
|---|--|---|----------|
| 4. FEI Number<br><b>59-6166096</b>  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |          |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent                                     |          |
| <b>LOFTON, JAMES A<br/>10609 CREEK RIDGE DRIVE<br/>PENSACOLA FL 32507</b>   |  | Name  |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable)                              |          |
|   |  | City  | Zip Code |
|   |  | <b>FL</b>   |          |
| 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   |  | DATE  |          |
| Signature, typed or printed name of registered agent and title if applicable.   |  | (NOTE Registered Agent signature required when reinstating)                     |          |

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ASIALA, PHIL</b><br><b>1014 GLADES LANE</b><br><b>PENSACOLA FL 32507</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Commander, Coleman</b><br><b>2725 Mercado Ave.</b><br><b>Pensacola, FL 32507</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LOFTON, JAMES A</b><br><b>10609 CREEK RIDGE DRIVE</b><br><b>PENSACOLA FL 32506</b><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BLUM, EDWARD</b><br><b>9450 S LOOP ROAD</b><br><b>PENSACOLA FL 32507</b><br><input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** James A. Lofton **Corp. President**  
James Lofton **3-22-05** **(850) 492-1518**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #