


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90033 033 \*\*\*\*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 - No P.O. Box #   |   |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.   |   |  |
| City & State   |   |   | City & State  |   |  |
| Zip  | Country   | Zip   | Country   | 02212008 Chg-NP CR2E037 (12/06)<br>4. FEI Number <b>59-6166096</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |  |
| 5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required   |   |   |   |   |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>WOOD, WILLIAM</b><br><b>2106 SUSAN STREET</b><br><b>PENSACOLA, FL 32507</b>   |   |   | Name <b>COLEMAN-COMMANDER</b>   |   |  |
|  |   |   | Street Address (P.O. Box Number is Not Acceptable)                                    |   |  |
|  |   |   | <b>2725 MERCADO AVE.</b>  |   |  |
|  |   |   | City <b>PENSACOLA</b> FL <b>FL</b> Zip Code <b>32507</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 <u><i>William Coleman Commander</i></u> <b>Coleman Commander</b> <b>3-6-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | Make check payable to<br><b>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |   |  |
| TITLE  | <b>D</b> <input checked="" type="checkbox"/> Delete | TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME   | <b>BLUM, EDWARD</b>                                 | NAME  | <b>JIM LOFTON</b>   |   |  |
| STREET ADDRESS   | <b>9450 S LOOP ROAD</b>                             | STREET ADDRESS  | <b>10609 CREEK RIDGE DRIVE</b>  |   |  |
| CITY-ST-ZIP  | <b>PENSACOLA, FL 32507</b>                          | CITY-ST-ZIP   | <b>PENSACOLA, FL 32506</b>  |   |  |
| TITLE  | <b>D</b> <input type="checkbox"/> Delete            | TITLE   |   |   |  |
| NAME   | <b>COMMANDER, COLEMAN</b>                           | NAME  |   |   |  |
| STREET ADDRESS   | <b>2725 MERCADO AVE</b>                             | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  | <b>PENSACOLA, FL 32507</b>                          | CITY-ST-ZIP   |   |   |  |
| TITLE  | <b>D</b> <input checked="" type="checkbox"/> Delete | TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME   | <b>WOOD, WILLIAM</b>                                | NAME  | <b>LEWIS FUEK</b>   |   |  |
| STREET ADDRESS   | <b>2106 SUSAN ST</b>                                | STREET ADDRESS  | <b>2005 CORAL CREEK DRIVE</b>   |   |  |
| CITY-ST-ZIP  | <b>PENSACOLA, FL 32507</b>                          | CITY-ST-ZIP   | <b>PENSACOLA, FL 32506</b>  |   |  |
| TITLE  | <input type="checkbox"/> Delete                     | TITLE   |   |   |  |
| NAME   |   | NAME  |   |   |  |
| STREET ADDRESS   |   | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete                     | TITLE   |   |   |  |
| NAME   |   | NAME  |   |   |  |
| STREET ADDRESS   |   | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete                     | TITLE   |   |   |  |
| NAME   |   | NAME  |   |   |  |
| STREET ADDRESS   |   | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP   |   |   |  |
| 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: <u><i>William Coleman Commander</i></u> <b>Coleman Commander</b> <b>3-6-08</b> <b>(950) 492-1518</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |   |  |