## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N94000004590 (5)

DOCUMENT #	N94000004590	(5
PLEASANT GROVE F	FIRE DEPARTMENT, INC.	

Principal Place of Business

Mailing Address

9350 GULF BEACH HIGHWAY

9350 GULF BEACH HIGHWAY



PENSACOL	LA FL 32507	PENSACOLA FL 32507	MAI				
				3. Date Incorporated or Qualified 09/14/1994	3a. Date of Last Report 07/03/1995		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
Suite, Ap	at # oto	26 P.O. BOX 44	60	59-3280587	Not Applicable		
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	ate	City & State PENSACOLA, F	LORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zıp	Country	8. This corporation has liability for i			
24	25		30 ESCAMBIA		☐ Yes ☐ No		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent		
2775 \	ER, GENE SR WELLER AVE. ACOLA FL 32507		<ul><li>81 Name</li><li>82 Street</li><li>83</li><li>84 City</li></ul>	Arkiress (P.O. Box Number is Not Acceptab	RE Zin Code		
11. Pursuar	nt to the provisions of Sections 617.050	22 and 617 1508 Florida Statutes	the above period a		FL   S   Z   F COOR		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am							
SIGNATURE Signature, typed or printed name of registered agent and title Lapplicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR	Change Addition		
NAME	TOOP, ROBERT		1.2 NAME	GROGAN, SHANE			
STREET ADDRESS	s 11095 LILLIAN HWY		13 STREET ADDRESS	4047 SHOREWOOD DRIVE			
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-ST-ZIP	PENSACOLA, FL 32507			
TITLE	V	DELETE	21 TITLE	DIRECTOR	☐ Change ☐ Addition		
NAME	SLUDER, GENE		2.2 NAME	GERHARDS, KARL	_ •		
STREET ADDRESS			2 3 STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,			
CITY - ST - ZIP	PENSACOLA FL 32507		2 4 CITY - ST - 21P	PENSACOLA, FL 32507	•		
TITLE	I	☐ DELETE	3 1 TITLE	SECRETARY	☐ Change ☐ Addition		
NAME	SUMMERLIN, BOBBY		3.2 NAME	BEASLEY, CATHY			
STREET ADDRESS			3.3 STREET ADDRESS	9145 GULF BEACH HWY.	į		
CITY-ST-ZIP	PENSACOLA FL 32507		3 4 CITY-ST-ZIP	PENSACOLA. FL 32507			
TITLE	D WILLIAM ON A A A A A A A A A A A A A A A A A A	DELETE	4.1 THLE		☐ Change ☐ Addition		
NAME	WILLIAMS, ALAN		4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP	PENSACOLA FL 32507		4 4 CITY - ST- ZIP				
TITLE	CVATES IFORM	DELETE	5.1 TITLE	. ————	☐ Change ☐ Addition		
NAME STREET ASSESSED	SKATES, JERRY		5 2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS	1			
CITY-ST-ZIP TITLE	PENSACOLA FL 32507	Fibrier	5 4 CITY - ST - ZIP				
NAME	AYERS, KEVIN	DELETE	61 TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			6 2 NAME				
	PENSACOLA FL 32507		6 3 STREET ADDRESS				
14. Ldo bere	by certify that the information emplied	with this films is polymented. 4	6 4 CITY - ST - ZIP	1			
certify th	at the information indicated on this ann	with this filling is voluntarily fumish	eu and does not qua	I alify for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further		

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 12 or Block 13 if changed, or on an attachment with an address.

CATHY BEASLEY

APRIL 28, 1996

(904) 492-3652