

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004590

FILED
Feb 02, 2004
Secretary of State

Entity Name: PLEASANT GROVE FIRE DEPARTMENT, INC.

Current Principal Place of Business:

PO BOX 4460
PENSACOLA, FL 32507 US

New Principal Place of Business:

9350 GULF BEACH HWY
PENSACOLA, FL 32507 US

Current Mailing Address:

9350 GULF BEACH HIGHWAY
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3280587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERHARDS, KARL R
254 MARIGOLD DR APT 201
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: SMITH, ANTHONY
Address: 1212 PAULDING AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GERHARDS, KARL
Address: 2775 WELLER AVE
City-St-Zip: PENSACOLA, FL

Title: CR () Delete
Name: WOOD, WILLIAM G
Address: 2106 SUSAN ST
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: BEASLEY, MAXINE
Address: 9145 GULF BEACH HWY
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: SUMMERLIN, BOBBY
Address: 10015 GULF BEACH HWY
City-St-Zip: PENSACOLA, FL

Title: S () Delete
Name: HUNTER, JAMISON
Address: 49 CONSTELLATION CT
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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 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: KARL R GERHARDS

D

02/02/2004

Electronic Signature of Signing Officer or Director

Date