


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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90172 033 ****61.25

DOCUMENT # N94000004590

1. Entity Name
PLEASANT GROVE FIRE DEPARTMENT, INC.



Principal Place of Business
**PO BOX 4460
PENSACOLA FL 32507
US**

Mailing Address
**9350 GULF BEACH HIGHWAY
PENSACOLA FL 32507**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3280587** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, CHRISTINE
959 VONNA JO CIR
PENSACOLA FL 32506**

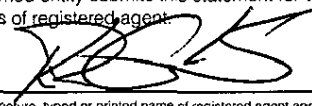
7. Name and Address of New Registered Agent

Name **KARL R GERHARDS**

Street Address (P.O. Box Number is Not Acceptable)
254 Marigold DR Apt 201

City **Pensacola** FL Zip Code **32506**

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 **5/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ANTHONY	
STREET ADDRESS	1212 PAULDING AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERHARDS, KARL	
STREET ADDRESS	2775 WELLER AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CR	<input type="checkbox"/> Delete
NAME	WOOD, WILLIAM G	
STREET ADDRESS	2106 SUSAN ST	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEASLEY, MAXINE	
STREET ADDRESS	9145 GULF BEACH HWY	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUMMERLIN, BOBBY	
STREET ADDRESS	10015 GULF BEACH HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, CHRISTINE	
STREET ADDRESS	959 VONNA JO CIR	
CITY-ST-ZIP	PENSACOLA FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, JAMISON	
STREET ADDRESS	49 CONSTELLATION Ct	
CITY-ST-ZIP	PENSACOLA, FL 32506	

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:  **KARL R GERHARDS** DATE: **5/3/03** TEL: **850-433-1174**

CR2E037 (10/02)