FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714102 (1)

1. Corporation Name
THE PALM BEACH GARDENS FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410	10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1971702 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARRANTS, EDWARD F.
10500 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☒ Addition
NAME	CLARK, SALLY	1.2 NAME	Michael A. Dynaway	
STREET ADDRESS	10500 N. MILITARY TR.	1.3 STREET ADDRESS	10500 N. Military Trail	
CITY-ST-ZIP	PALM BCH GRDN FL	1.4 CITY-ST-ZIP	Palm Bch Grdn Fl 33410	
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WALL, MARK L	2.2 NAME		
STREET ADDRESS	10500 N. MILITARY TR.	2.3 STREET ADDRESS	Status change	
CITY-ST-ZIP	PALM BCH GRDN FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	PETRUZZI MARK	3.2 NAME		
STREET ADDRESS	10500 N MILITARY TR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDN FL	3.4 CITY-ST-ZIP		
TITLE	TSD	4.1 TITLE		☐ Change ☐ Addition
NAME	DERITA DAVID	4.2 NAME		
STREET ADDRESS	10500 N MILITARY TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☒ Addition
NAME	RAYNOR, SCOTT	5.2 NAME	Glen Aitken	
STREET ADDRESS	10500 N MILITARY TRAIL	5.3 STREET ADDRESS	10500 N Military Trail	
CITY-ST-ZIP	PALM BCH GRDN FL	5.4 CITY-ST-ZIP	Palm Bch Grdn Fl 33410	
TITLE	V	6.1 TITLE	✓	☒ Change ☒ Addition
NAME	KREIDLER JAMES	6.2 NAME	Terry Petruzzi	
STREET ADDRESS	10500 N MILITARY TRAIL	6.3 STREET ADDRESS	10500 N Military Trail	
CITY-ST-ZIP	PALM BCH GRDN FL	6.4 CITY-ST-ZIP	Palm Bch Grdn Fl 33410	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Dario T. DeRitta 04-20-95 407-775-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

60T1907