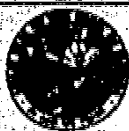


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1968	3a. Date of Last Report 05/01/1994
4. FBI Number 59-1971702	Applied For Not Applicable
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. 190.092, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARRANTS, EDWARD F. 10500 N MILITARY TRAIL PALM BEACH GARDENS FL 33410	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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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. Dupaway
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	PO	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WALL, MARK L	2.2 NAME	Status Change
STREET ADDRESS	10500 N. MILITARY TR.	2.3 STREET ADDRESS	
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	YSD	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	V ☒ 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)(A), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #