

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16001 (2)

1. Corporation Name

FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, IN
C.

Principal Place of Business

Mailing Address

1050 ROYAL PALM BLVD.
ROYAL PALM BEACH FL 33411

1050 ROYAL PALM BLVD.
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1986 3a. Date of Last Report 04/20/1994
4. FEI Number 59-2773309 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 357 TEQUESTA DRIVE
Suite, Apt. #, etc.

26 P.O. Box 3273
Suite, Apt. #, etc.

22 City & State

27 City & State

23 TEQUESTA, FLORIDA

28 TEQUESTA, FLORIDA

24 33469 Zip Country

25 U.S.A.

29 33469-0273 Zip Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARRANTS, E F
10500 N MILITARY TR
PALM BCH GDNS 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 title if applicable

(NOTE: Registered Agent signature required when transferring)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE SD
NAME COMBS, KARL L
STREET ADDRESS 1050 ROYAL PALM BEACH, BLVD.
CITY - ST - ZIP ROYAL PALM BEACH FL
TITLE VD
NAME BRABOSNA, SAM
STREET ADDRESS 1020 LUCERNE AVE.
CITY - ST - ZIP LAKE WORTH FL
TITLE PD
NAME REHR, ROBERT
STREET ADDRESS 500 N. DIXIE HWY.
CITY - ST - ZIP WEST PALM BEACH FL
TITLE TD
NAME WESTER, RICHARD
STREET ADDRESS 800 W BLUE HERON BLVD
CITY - ST - ZIP RIVERA BCH FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. 11 TITLE SD ☒ Change ☐ Addition
12 NAME JAMES M. WEINAND
13 STREET ADDRESS 357 TEQUESTA DRIVE
14 CITY - ST - ZIP TEQUESTA FL 33469
21 TITLE VD ☒ Change ☐ Addition
22 NAME HERMAN BEICE
23 STREET ADDRESS 50 S MILITARY TRAIL
24 CITY - ST - ZIP WEST PALM BEACH, FL 33415
31 TITLE PD ☒ Change ☐ Addition
32 NAME KELLY KOEN
33 STREET ADDRESS 2333 W. GLADES ROAD
34 CITY - ST - ZIP BOCA RATON, FL 33431
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(b), 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

JAMES M. WEINAND

2/16/95

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