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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N16001 (2)

1. Corporation Name
FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, IN C.

Principal Place of Business	Mailing Address
357 TEQUESTA DRIVE TEQUESTA FL 33469 US	50 S MILITARY TRAIL 101 W PALM BCH FL 33415 US

3. Date Incorporated or Qualified: 07/23/1986

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 1020 Lucerne Avenue
22 Suite, Apt. #, etc.
23 City & State: Lake Worth, Florida
24 Zip: 33460
25 Country: Palm Beach

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ARRANTS, E F
10500 N MILITARY TR
PALM BCH GDNS FL 33410

10. Name and Address of New Registered Agent

81 Name: Paul B.Blockson III
82 Street Address (P.O. Box Number Is Not Acceptable): 1020 Lucerne Avenue
83
84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 02-09-98
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, NIGEL		1.2 NAME		
STREET ADDRESS	50 S MILITARY TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARMAN, JAMES M.		2.2 NAME		
STREET ADDRESS	500 N DIXIE HIGHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	WEINAND, JAMES		3.2 NAME	William L. Bingham	
STREET ADDRESS	357 TEQUESTA DRIVE		3.3 STREET ADDRESS	100 E. Boynton Beach Blvd.	
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP	Boynton Beach, Florida 33435-0310	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	DUCAR, STEPHEN P.		4.2 NAME	Paul B. Blockson III	
STREET ADDRESS	600 W BLUE HERON BLVD		4.3 STREET ADDRESS	1020 Lucerne Avenue	
CITY-ST-ZIP	RIVIERA BEACH FL		4.4 CITY-ST-ZIP	Lake Worth, Florida 33460	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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] PAUL B. BLOCKSON III 02-09-98 (561)586-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #