

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90033 040 ****61.25

0042537

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N16001

1. Corporation Name

FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business 1020 LUCERNE AVE LAKE WORTH FL 33460 US	Mailing Address 50 S MILITARY TRAIL 101 W PALM BCH FL 33415 US
--	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1986
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2773309
22 City & State	27 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent BLOCKSON, PAUL B III 1020 LUCERNE AVE LAKE WORTH FL 33460	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 01-31-99
(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	☐ Change ☐ Addition
NAME	BINGHAM, WILLIAM L	3.2 NAME	
STREET ADDRESS	100 E BOYNTON BEACH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLOCKSON, PAUL B III	4.2 NAME	
STREET ADDRESS	1020 LUCERNE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-31-99 (56) 586-1711