1/18/00-90173-044-$61.25-$61.25

DOCUMENT # N16001

1. Entity Name

FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, IN

FILED
Apr 24, 2000 8:00 am
Secretary of State
01-18-2000 90173 044 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1020 LUCERNE AVE LAKE WORTH FL 33460 US	50 S MILITARY TRAIL 101 W PALM BCH FL 33415-3132 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2773309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOCKSON, PAUL B III 1020 LUCERNE AVE LAKE WORTH FL 33460	Name: Paul B. Blockson III Street Address (P.O. Box Number is Not Acceptable): 1020 Lucerne Avenue City: Lake Worth FL Zip Code: 33460

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Paul Blockson 01-10-2000

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAKER, NIGEL 50 S MILITARY TRAIL W PALM BCH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARMAN, JAMES M. 500 N DIXIE HIGHWAY WEST PALM BEACH FL	☒ Delete	Vice Vincent K. Elmore 300 North County Road Palm Beach, Florida 33480	XXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BINGHAM, WILLIAM L 100 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435	☒ Delete	President Peter T. Bergel 10500 North Military trail Palm Beach Gardens, Florida 33410	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLOCKSON, PAUL B III 1020 LUCERNE AVE LAKE WORTH FL 33460	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Blockson 01-10-2000 (561)586-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #