

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16001

FILED
Jan 08, 2008
Secretary of State

Entity Name: FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1020 LUCERNE AVE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1020 LUCERNE AVENUE
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-2773309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCKSON, PAUL B III
1020 LUCERNE AVE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DONATTO, DARREL
Address: 300 N COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: BINGHAM, WILLIAM L
Address: 100 E. BOYTON BEACH BLVD
City-St-Zip: BOYTON BEACH, FL 33435

Title: TD () Delete
Name: BLOCKSON, PAUL B III
Address: 1020 LUCERNE AVE
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: MORAN, EDWARD
Address: 300 N COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BLOCKSON

TD

01/08/2008

Electronic Signature of Signing Officer or Director

Date