

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90064 009 ****61.25

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DOCUMENT # N22621

1. Corporation Name

**GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PA
LM BEACH COUNTY, INC.**

Principal Place of Business

PO BOX 926
WEST PALM BEACH FL 33401

Mailing Address

PO BOX 926
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/22/1987

4. FEI Number

65-0069140

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

9. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL
4852-B ORLEANS CT.
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
TURNQUEST, RHETT**
STREET ADDRESS **1429 6TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME **VD
HERBERT, IRY**
STREET ADDRESS **301 W 22ND ST**
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE

NAME **STD
WILLIAMS, MICHAEL**
STREET ADDRESS **4852-B ORLEANS CT**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☒ DELETE

NAME **BMD
PERRY, TROY**
STREET ADDRESS **1378 N MAGNOLIA DRIVE**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☒ DELETE

NAME **SGT
GREGORY, RANDY**
STREET ADDRESS **P.O BOX 926 N/A**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

MICHAEL WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1999 (561) 683-2197
Date Daytime Phone #

CR2E037 (11/98)