

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22621

**Entity Name:** GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF  
PALM BEACH COUNTY, INC.**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0449207180****Current Principal Place of Business:**1020 11TH STREET  
WEST PALM BEACH, FL 33401**Current Mailing Address:**PO BOX 926  
WEST PALM BEACH, FL 33402 09**FEI Number: 65-0069140****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, MICHAEL  
4852-B ORLEANS CT.  
WEST PALM BEACH, FL 33415 US*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**Officer/Director Detail :**

Title	PD
Name	CLEMONS, LATOSHA
Address	515 SOUTH CONGRESS AVENUE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	VD
Name	GOLDEN, KEITH
Address	321 WEST 24TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

Title	TD
Name	WILLIAMS, MICHAEL A
Address	4852-B ORLEANS CT
City-State-Zip:	WEST PALM BEACH FL 33415

Title	S
Name	ALVIN, TIM
Address	1024 CENTER STONE LANE
City-State-Zip:	RIVIERA BEACH FL 33404

Title	SAD
Name	JACKSON, GREGORY
Address	154 EAST 29TH COURT
City-State-Zip:	RIVIERA BEACH FL 33404

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL A. WILLIAMS****TREASURER****04/29/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date