SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $155 (IF DISSOLVED, REINSTATEMENT FEE TO REINSTATE $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706429** **(8)**

1. Corporation Name

PALM BEACH SHORES VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
247 EDWARDS LANE PALM BEACH SHORES FL 33404	247 EDWARDS LANE PALM BEACH SHORES FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6002801 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~JOYCE, LAWRENCE E.~~
~~1071 POWELL DR.~~
~~RIVIERA BCH. FL 33419~~

FANCI, LARRY
1031 SINGER DR
RIVIERA BEACH, FL 33404

10. Name and Address of New Registered Agent

81 Name: FANCI, LARRY
82 Street Address (P.O. Box Number is Not Acceptable): 1031 SINGER DR
83
84 City: RIVIERA BEACH FL 85 Zip Code: 33404

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRIGHT, RICHARD	1.2 NAME	SILBER, DONALD G.	
STREET ADDRESS	508 GULF ROAD	1.3 STREET ADDRESS	1249 BEACH RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33404	1.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SILBER, DONALD G	2.2 NAME	WALTER, DON	
STREET ADDRESS	1249 BEACH RD.	2.3 STREET ADDRESS	201 BRAVADO LN	
CITY-ST-ZIP	RIVIERA BCH. FL 33404	2.4 CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	FALLON, JOHN T	3.2 NAME	KOLBY, JIM	
STREET ADDRESS	206 SANDAL LANE	3.3 STREET ADDRESS	340 BRAVADO LN	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	3.4 CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCLOSKEY, DANIEL A	4.2 NAME		
STREET ADDRESS	130 CASCADE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH SHRS. FL 33404	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ORLANDO B	5.2 NAME	VOID	
STREET ADDRESS	307 BLOSSOM LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WATTS, HOWARD W	6.2 NAME		
STREET ADDRESS	135 BRAVADO LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] DANIEL A. MCCLOSKEY 6/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 407 848 4309

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