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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706429

1. Corporation Name

PALM BEACH SHORES VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

247 EDWARDS LANE
 PALM BEACH SHORES FL 33404

Mailing Address

247 EDWARDS LANE
 PALM BEACH SHORES FL 33404



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/15/1963

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

9. Name and Address of Current Registered Agent

~~FAUCI, LARRY~~
 1031 SINGER DRIVE
 RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name **FAUCI, LARRY**

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

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 **PD** ☐ DELETE
 NAME **SILBER DONALD**
 STREET ADDRESS **909 LAKE SHORE DR. APT. #201**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **VD** ☒ DELETE
 NAME **FRICK, SIGMOND**
 STREET ADDRESS **324 BLOSSOM LN**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE **S** ☒ DELETE
 NAME **SALMON, RICH**
 STREET ADDRESS **311 LINDA LN**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE **TD** ☒ DELETE
 NAME **MCCLOSKEY, DANIEL A**
 STREET ADDRESS **130 CASCADE LANE**
 CITY-ST-ZIP **PALM BCH SHRS. FL 33404**

TITLE **D** ☐ DELETE
 NAME **PIRRO, THOMAS**
 STREET ADDRESS **319 SANDAL LN**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **VD TYLOSKY, CRAIG** ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS **237 TACOMA LN**
 2.4 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

3.1 TITLE **S** ☒ Change ☐ Addition
 3.2 NAME **DEREUIL, ROBY**
 3.3 STREET ADDRESS **214 CLAREMONT LN**
 3.4 CITY-ST-ZIP **PALM BEACH SHORES, FL 33404**

4.1 TITLE **TD** ☒ Change ☐ Addition
 4.2 NAME **LOIHL, KEN**
 4.3 STREET ADDRESS **4200 N. OCEAN AVE #101**
 4.4 CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 2 1999

Date

561-844-4807

Daytime Phone #

CR2E037 (1/98)