

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 035 ****61.25

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1. Entity 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**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6002801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry J. Fauci* Larry J. Fauci 1-9-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAHILL, WILLIAM 336 CLAREMONT LN PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILBER, DONALD 33 ROBALO CT NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEREVIL, ROBY 214 CLAREMONT LN PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOIHLE, KENNETH J 4200 N. OCEAN AVE #101 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRRO, THOMAS 319 SANDAL LN PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENEY, BRAIN 220 LAKE SHORE DR. #4 PALM BEACH SHORES, FL 33404

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry J. Fauci* LARRY J. FAUCI 1-9-06 511-844-4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #