

# 2007 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706429**

1. Entity 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **CAHILL, WILLIAM**  
CITY-STATE-ZIP **336 CLAREMONT LN  
PALM BEACH SHORES FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**U00000646333  
03/06/07-80026-010 61.25**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **SILBER, DONALD**  
CITY-STATE-ZIP **33 ROBALO CT  
NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DEREVIL, ROBY**  
CITY-STATE-ZIP **214 CLAREMONT LN  
PALM BEACH SHORES FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LOIHLE, KENNETH J**  
CITY-STATE-ZIP **115 CLAREMONT LN  
PALM BEACH SHORES FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHENEY, BRAIN**  
CITY-STATE-ZIP **220 LAKE SHORE DR. #4  
PALM BEACH SHORES FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

*2/20/07*

*361-844-4807*