

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706429

FILED
Apr 23, 2009
Secretary of State

Entity Name: PALM BEACH SHORES VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

247 EDWARDS LANE
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

247 EDWARDS LANE
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 59-6002801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAHILL, WILLIAM
Address: 336 CLAREMONT LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: TD () Delete
Name: BANKS, KEVIN
Address: 225 CASCADE LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: VP () Delete
Name: DEMGUIL, ROBY
Address: 214 CLAREMONT LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: S () Delete
Name: MATTEI, SCOTT
Address: 337 EDWARDS LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: D () Delete
Name: PIRRO, THOMAS
Address: 319 SANDAL LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: D () Delete
Name: SILBEA, DONALD
Address: 33 ROBALE CT
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEREUIL, ROBY
Address: 214 CLAREMONT LN
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SILBER, DONALD
Address: 33 ROBALE CT
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY FAUCI

CHIE

04/23/2009

Electronic Signature of Signing Officer or Director

Date