

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714102 (1)**  
1. Corporation Name  
**THE PALM BEACH GARDENS FIRE DEPARTMENT, INC.**



Principal Place of Business Mailing Address  
**10500 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified **02/15/1968** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1971702</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**ARRANTS, EDWARD F.  
10500 N MILITARY TRAIL  
PALM BEACH GARDENS FL 33410**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUNAWAY, MICHAEL A</b> <b>10500 N. MILITARY TR.</b> <b>PALM BCH GRDN FL</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>Richard F. Hodgkins</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10500 N. Military Tr.</b> <b>Palm Bch Gardens FL</b> <b>P</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>WALL, MARK L</b> <b>10500 N. MILITARY TR.</b> <b>PALM BCH GRDN FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>Richard Holder</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10500 N. Military Tr.</b> <b>Palm Bch Gardens, FL</b> <b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> DELETE <b>PETRUZZI MARK</b> <b>10500 N MILITARY TR</b> <b>PALM BCH GRDN FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>Omar Vega</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10500 N. Military Tr.</b> <b>Palm Bch. Gardens, FL</b> <b>Tres.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <input checked="" type="checkbox"/> DELETE <b>DERITA DAVID</b> <b>10500 N MILITARY TRAIL</b> <b>PALM BCH GRDN FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>David Markle</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10500 N. Military Tr.</b> <b>Palm Bch. Gardens, FL</b> <b>Sect.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>AITKEN, GLEN</b> <b>10500 N MILITARY TRAIL</b> <b>PALM BCH GRDN FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<b>vic Rogers</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10500 N. Military Tr.</b> <b>Palm Bch. Gardens, FL</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> DELETE <b>PETRUZZI, TERRY</b> <b>10500 N MILITARY TRAIL</b> <b>PALM BCH GRDN FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-96

407-775-8260

CR2E037 (12/95)