

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714102

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE PALM BEACH GARDENS FIRE DEPARTMENT, INC.

Current Principal Place of Business:

10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-1971702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, SHAWN M SR
10500 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 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: REID, LT. SHAWN M SR
Address: 8114 APACHE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: SCHOENBERGER, GARY
Address: 16931 93 RD ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: MARTIN, TIM
Address: 153 RADCLIFFE COURT
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: SCHETTENHELM, JULIE
Address: 10500 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BOLLERMAN, CALEB A
Address: 2344 SUNDERLAND AVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MORROW, JOHN
Address: 122 1ST LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BOLLERMAN, CALEB
Address: 12215 82ND LANE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33412

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

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

Title: D (X) Change () Addition
Name: PACK, JAMES
Address: 1245 GREENMEADOW WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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: SHAWN M. REID SR

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date