




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90178 048 ****61.25

DOCUMENT # 716352 1. Entity Name PALM BEACH COUNTY SAFETY PATROL ASSOCIATION, INC.					
Principal Place of Business 3642 CLIPPER CIRCLE WEST PALM BEACH, FL 33411 US			Mailing Address 3642 CLIPPER CIRCLE WEST PALM BEACH, FL 33411 US		
2. Principal Place of Business 2642 CLIPPER CIRCLE Suite, Apt. #, etc.			3. Mailing Address 2642 CLIPPER CIRCLE Suite, Apt. #, etc.		
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 59-2379971	
Zip 33411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAFFORD, NEAL 7001 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Sills Stephen Street Address (P.O. Box Number is Not Acceptable) 3550 Lyons Rd. City Lake Worth FL Zip Code 33467	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRAFFORD, NEAL <input checked="" type="checkbox"/> Delete 7001 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete SHAW, CHUCK 3312 FOREST HILL BLVD A242 WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PROCTOR, MICHAEL J 16020 OKEECHOBEE ROAD WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete SILLS, STEPHEN 7709 OAKMONT DRIVE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Sari Myers 7444 Sally Lane Lake Worth FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			2/14/05 561 357-5960 <small>Date Daytime Phone #</small>		

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