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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

TITLE NAME

STREET ADDRESS

CITY-ST-Z#P

DOCUMENT #

(9)

NORTH PALM BEACH VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 501 U.S. HIGHWAY ONE POST OFFICE BOX 13071 3. Date Incorporated or Qualified NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 06/09/1981 4. FEI Number Applied For 65-0389579 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No. 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Injargible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NameGiarrusso, Peter STERL, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 3852 Begonia Street **4370 LILAC STREET** 83 UNIT C PALM BEACH GARDENS FL 33410 Palm Beach Gardens 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 appointment as registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits this statement for the purpose of changing its registered agent. I am familiar with a corporation submits the corpo GZARRUSSO. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE STERL, RICK Giarrusso, Peter NAME 1.2 NAME 3852 Begonia Street Palm Beach Gardens, FL 33410 4370 LILAC ST., #C STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE **Change** Addition TITLE 2.1 TITLE BACHE, CHRIS GIARRUSSO, Louis NAME 2.2 NAME 8665 URANUS TERR. 8699 Uranus Terr. 2.3 STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 33403 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Y Change ■ Addition DS ARMSTRONG, J.D. JR. Mondry Lenny 18503 Pluro Terr. NAME 3.2 NAME 3656 DAISY AVENUE STREET ADDRESS 3.3 STREET ADDRESS 33410 Yalm Beach Garden PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME Heaney Patrick STREET ADDRESS 4.3 STREET ADDRESS North Palm Beach 3*340*& CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 5.1 Table NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP

6.4 CITY-ST-ZIP 14. Thereby 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 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 chapted or on an attaty ment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ Addition

☐ Change

FILED

May 20 1998 8:00am

Secretary of State