

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90196 002 \*\*\*\*61.25

DOCUMENT # 758682

1. Corporation Name

NORTH PALM BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

501 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408  
US

Mailing Address

POST OFFICE BOX 13071  
NORTH PALM BEACH FL 33408



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/09/1981

4. FEI Number

65-0389579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GIARRUSSO, PETER  
3852 BEGONIA ST  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name GIARRUSSO, PETER  
82 Street Address (P.O. Box Number is Not Acceptable)  
424 Lighthouse Drive  
83  
84 City North Palm Beach FL 85 Zip Code 33408

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

TITLE DP  
NAME GIARRUSSO, PETER  
STREET ADDRESS 3852 BEGONIA ST  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE DVP  
NAME GIARRUSSO, LOUIS  
STREET ADDRESS 8699 URANUS TERR  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE DT  
NAME MONDRY, LENNY  
STREET ADDRESS 8583 PLUTO TERR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE DS  
NAME HEANEY, PATRICK  
STREET ADDRESS 332 E GOLFVIEW RD  
CITY-ST-ZIP N. PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME GIARRUSSO, PETER  
1.3 STREET ADDRESS 424 Lighthouse Drive  
1.4 CITY-ST-ZIP North Palm Beach, FL 33408

2.1 TITLE DVP  
2.2 NAME OLAVARRIA, Phillip  
2.3 STREET ADDRESS 832 Buttonwood Road  
2.4 CITY-ST-ZIP North Palm Beach, FL 33408

3.1 TITLE DT  
3.2 NAME Leber, Chris  
3.3 STREET ADDRESS 11786 Lake Shore Place  
3.4 CITY-ST-ZIP North Palm Beach, FL 33408

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER GIARRUSSO, President 4/9/99 (561) 863-3473

CR2E037 (11/98)