

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001419

FILED
Oct 17, 2007
Secretary of State

Entity Name: CHILDREN OF PALM BEACH FIREFIGHTERS & PARAMEDICS, INC.

Current Principal Place of Business:

355 SOUTH COUNTY ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

355 SOUTH COUNTY ROAD
2ND FLOOR
PALM BEACH, FL 33480

Current Mailing Address:

355 SOUTH COUNTY ROAD
PALM BEACH, FL 33480

New Mailing Address:

P.O. BOX 2728
PALM BEACH, FL 33480

FEI Number: 20-4288016 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARINO, ANTHONY KR
5114 OKEECHOBEE BLVD.
SUITE 210
WEST PALM BEACH, FL 33417 US

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: ANTHONY MARINO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, DON
Address: 8035 S LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33406

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

Title: D () Delete
Name: NOWACKI, ELIZABETH
Address: 274 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33414

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

Title: D () Delete
Name: BUCHECK, DERRYL
Address: 14732 66TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33414

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

Title: D () Delete
Name: GRIMES, STUART
Address: 900 CRODDWINDS DR. D2
City-St-Zip: GREENACRES, FL 33413

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

Title: D () Delete
Name: MAVIGLIANO, FRANK
Address: 989 TODD ST.
City-St-Zip: JUPITER, FL 33458

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

Title: D () Delete
Name: OJEA, GEORGE
Address: 6181 BARBARA ST
City-St-Zip: JUPITER, FL 33458

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: ELIZABETH NOWACKI

D

10/17/2007

Electronic Signature of Signing Officer or Director

Date