

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001419

FILED
Mar 25, 2009
Secretary of State

Entity Name: PALM BEACH FIREFIGHTERS & PARAMEDICS EDUCATION FUND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2728
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-4288016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, ANTHONY KR
5114 OKEECHOBEE BLVD.
SUITE 210
WEST PALM BEACH, FL 33417 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: D () Delete
Name: TAYLOR, DON
Address: 8035 S LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: MARINO, ANTHONY
Address: 5114 OKEECHOBEE BLVD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: GIBSON, SUSAN
Address: 226 PENDLETON AVE
City-St-Zip: PALM BEACH, FL 33480

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DON TAYLOR

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date