## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011093

FILED Jan 07, 2009 Secretary of State

Entity Name: PALM BEACH GARDENS POLICE VOLUNTEERS INCORPORATED

PALM BCH  Current M  10500 N. M  PALM BCH  FEI Number:	MILITARY TRAIL H GARDENS, FL 33410	New Mailing Addre	ss:	
10500 N. N PALM BCH FEI Number:	MILITARY TRAIL	New Mailing Addre	ss:	
PALM BCH			New Mailing Address:	
Name and	: 42-1748215 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
2255 GLAE	A, MICHAEL J DES RD., SUITE 324A TON, FL 33431 US			
	named entity submits this statement for the e of Florida.	e purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete FACCHINE, RICHARD P 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () Delete GALLUCCI, JOSEPH F 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) Delete MILNE, JACK G 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP ( ) Delete MURPHY, THOMAS F 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) Delete PEARL, SANFORD L 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete STEPP, STEPHEN J 10500 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JOSEPH GALLUCCI T 01/07/2009