

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2010
Secretary of State

Entity Name: PALM BEACH GARDENS POLICE VOLUNTEERS INCORPORATED

Current Principal Place of Business:

10500 N. MILITARY TRAIL
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10500 N. MILITARY TRAIL
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 42-1748215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLEND, MICHAEL J
2255 GLADES RD., SUITE 324A
BOCA RATON, FL 33431 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
Name: FACCHINE, RICHARD P
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: DT
Name: GALLUCCI, JOSEPH F
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: DV
Name: MILNE, JACK G
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: DP
Name: MURPHY, THOMAS F
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: DS
Name: PEARL, SANFORD L
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D
Name: SILBER, LYNN
Address: 10500 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GALLUCCI

DT

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date