

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011467

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** PALM BEACH FIREFIGHTERS BENEVOLENT ASSOCIATION INC.

**Current Principal Place of Business:**

2234 SW MARSHFIELD COURT  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2234 SW MARSHFIELD COURT  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-3641050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEKULA, JOSEPH  
2234 SW MARSHFIELD COURT  
PORT ST LUCIE, FL 34953 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:** P  
**Name:** SEKULA, JOSEPH  
**Address:** 2234 SW MARSHFIELD COURT  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** S  
**Name:** LOCY, ROB  
**Address:** 2234 SW MARSHFIELD COURT  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** T  
**Name:** FRENCH, JAYSON E  
**Address:** 8534 THOUSAND PINES CIRCLE  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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 SEKULA

P

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date