

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10138

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** PALM BEACH COUNTY VOLUNTEER FIRE-RESCUE ASSOCIATION, INC.

**Current Principal Place of Business:**

50 SOUTH MILITARY TRAIL  
W. PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

50 SOUTH MILITARY TRAILS  
W. PALM BEACH, FL 33415

**New Mailing Address:**

**FEI Number:** 65-0044448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWMAN, PETER  
7427 OAKBORO DRIVE  
LAKE WORTH, FL 33467 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: PRES ( ) Delete  
Name: NEWMAN, PETER  
Address: 7427 OAKBORO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: MEEHAN, KEVIN B  
Address: 2682 NW 49TH ST.  
City-St-Zip: BOCA RATON, FL 33434

Title: T ( ) Delete  
Name: HALLERAY, MARK P  
Address: 3577 N LIBBY DR.  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: HALLERAN, MARK P  
Address: 3577 N LIBBY DR.  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER NEWMAN

PRES

01/30/2006

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

\_\_\_\_\_  
Date