

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13727

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** PALM BEACH COUNTY COUNCIL OF FIREFIGHTERS/PARAMEDICS, INC.

**Current Principal Place of Business:**

2328 S. CONGRESS AVENUE  
SUITE 2C  
WEST PALM BEACH, FL 334067674

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7177  
WEST PALM BEACH, FL 334057177

**New Mailing Address:**

**FEI Number:** 59-2702907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIERZWA, MATTHEW J  
3900 WOODLAKE BLVD  
STE 212  
LK WORTH, FL 33463 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: PD ( ) Delete  
Name: MAYO, MIKE  
Address: 4713 HOLLY LAKE DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: STD ( ) Delete  
Name: SHEPPARD, THOMAS  
Address: 5560 TEAKWOOD ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: NAULT, ARMAND  
Address: 4291 WILKINSON DRIVE  
City-St-Zip: LAKE WORTH, FL 33461

**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:

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: THOMAS SHEPPARD

STD

03/09/2009

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

\_\_\_\_\_  
Date