## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16001

FILED Aug 15, 2004 Secretary of State

Entity Name: FIRE CHIEFS ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

1020 LUCERNE AVE

LAKE WORTH, FL 33460 US

Current Mailing Address: New Mailing Address:

50 S MILITARY TRAIL

W PALM BCH, FL 33415 US

FEI Number: 59-2773309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLOCKSON, PAUL B III 1020 LUCERNE AVE

LAKE WORTH, FL 33460 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 DONATO, DARRYL
 Name:
 DONATTO, DARREL

 Address:
 600 WEST BLUE HERON BLVD
 Address:
 300 N COUNTY ROAD

 City-St-Zip:
 RIVIERA BEACH, FL 33404
 City-St-Zip:
 PALM BEACH, FL 33480

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BERGEL, PETER T
 Name:
 SILK, BRUCE W

 Address:
 10500 NORTH MILITARY TRAIL
 Address:
 2333 W GLADES RD

 City-St-Zip:
 WEST PALM BEACH, FL 33410
 City-St-Zip:
 BOCA RATON, FL 33431

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BLOCKSON, PAUL B III
 Name:

 Address:
 1020 LUCERNE AVE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$ 

Name:WELLS, MIKEName:CARTER, RAYMONDAddress:1000 PARK AVENUEAddress:100 E BOYNTON BEACH BLVDCity-St-Zip:LAKE PARK, FL 33403City-St-Zip:BOYNTON BEACH, FL 33425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARREL DONATTO SD 08/15/2004