

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16001

FILED  
Feb 08, 2005  
Secretary of State

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

**Current Principal Place of Business:**

1020 LUCERNE AVE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 S MILITARY TRAIL  
101  
W PALM BCH, FL 33415 US

**New Mailing Address:**

1020 LUCERNE AVENUE  
LAKE WORTH, FL 33460 US

**FEI Number:** 59-2773309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOCKSON, PAUL B III  
1020 LUCERNE AVE  
LAKE WORTH, FL 33460 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: SD ( ) Delete  
Name: DONATTO, DARREL  
Address: 300 N COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: PD ( ) Delete  
Name: SILK, BRUCE W  
Address: 2333 W GLADES RD  
City-St-Zip: BOCA RATON, FL 33431

Title: TD ( ) Delete  
Name: BLOCKSON, PAUL B III  
Address: 1020 LUCERNE AVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: VD ( ) Delete  
Name: CARTER, RAYMOND  
Address: 100 E BOYNTON BEACH BLVD  
City-St-Zip: BOYNTON BEACH, FL 33425

**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:

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

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: PAUL B. BLOCKSON III

TD

02/08/2005

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

\_\_\_\_\_  
Date