

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22621 (9)**

1. Corporation Name
GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PALM BEACH COUNTY, INC.



Principal Place of Business: PO BOX 926 WEST PALM BEACH FL 33401
Mailing Address: PO BOX 926 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: **09/22/1987**
3a. Date of Last Report: **09/28/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **65-0069140**
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
City & State: 23

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23
Zip: 24 Country: 25

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24 Country: 25
Zip: 29 Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL
4852-B ORLEANS CT.
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TURNQUEST, RHETT	
STREET ADDRESS	1429 6TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BYRD, WALTER L.	
STREET ADDRESS	3807 SHELLEY ROAD S.	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	4852-B ORLEANS CT	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	SMITH, LEONARD	
STREET ADDRESS	1347 11TH STR	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	SGT	<input type="checkbox"/> DELETE
NAME	FELLS, AARON	
STREET ADDRESS	2105 W. 23RD STREET	
CITY - ST - ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Williams March 9, 1996 (407) 683-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #

CR2E037 (12/95)