

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22621 (9)
 1. Corporation Name
GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PALM BEACH COUNTY, INC.

Principal Place of Business PO BOX 826 WEST PALM BEACH FL 33401	Mailing Address PO BOX 826 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1987		3a. Date of Last Report 03/15/1996	
21	26	4. FEI Number 65-0069140		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		Country		30. Country	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, MICHAEL 4852-B ORLEANS CT. WEST PALM BEACH FL 33415				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNQUEST, RHETT			1.2 NAME			
STREET ADDRESS	1429 6TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, WALTER L.			2.2 NAME	HERBERT IRY		
STREET ADDRESS	3907 SHELLEY ROAD S.			2.3 STREET ADDRESS	301 West 22nd Street		
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP	Riviera Beach, FL. 33404		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, MICHAEL			3.2 NAME			
STREET ADDRESS	4852-B ORLEANS CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33415		
TITLE	BM	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LEONARD			4.2 NAME	PERRY, TROY		
STREET ADDRESS	1347 11TH STR			4.3 STREET ADDRESS	1378 N. MAGONIA DRIVE		
CITY-ST-ZIP	W PALM BCH FL			4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	SGT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SGT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELLS, AARON			5.2 NAME	GREGORY, RANDY "NA"		
STREET ADDRESS	2105 W. 23RD STREET			5.3 STREET ADDRESS	P.O. BOX 926		
CITY-ST-ZIP	RIVIERA BEACH FL			5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **M. WILLIAMS** (Signature Required) **8/7/97** **501 682-2197**

CF2E037 (4/97)