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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22621

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/22/1987

4. FEI Number

65-0069140

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
 NAME TURNQUEST, RHETT
 STREET ADDRESS 1429 6TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VD
 NAME HERBERT, IRY
 STREET ADDRESS 301 W 22ND ST
 CITY-ST-ZIP RIVIERA BEACH FL

TITLE STD
 NAME WILLIAMS, MICHAEL
 STREET ADDRESS 4852-B ORLEANS CT
 CITY-ST-ZIP W PALM BCH FL

TITLE BMD
 NAME PERRY, TROY
 STREET ADDRESS 1378 N MAGNOLIA DRIVE
 CITY-ST-ZIP W PALM BCH FL

TITLE SGT
 NAME GREGORY, RANDY
 STREET ADDRESS P.O BOX 926 N/A
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME TD
 3.3 STREET ADDRESS Williams, Michael
 3.4 CITY-ST-ZIP 4852-B Orleans Ct.
 W. Palm Beach, FLA 33415

4.1 TITLE Change Addition
 4.2 NAME BMD
 4.3 STREET ADDRESS Gordon Santos
 4.4 CITY-ST-ZIP 1900 N. Congress Ave
 West Palm Beach, FLA

5.1 TITLE Change Addition
 5.2 NAME Tr D
 5.3 STREET ADDRESS Titus Rich
 5.4 CITY-ST-ZIP 617 South Mangonia Circle
 West Palm Beach, FLA 33401

6.1 TITLE Change Addition
 6.2 NAME SD
 6.3 STREET ADDRESS Paul Blockson,
 6.4 CITY-ST-ZIP 1802 Pierce Drive
 Lake Worth, FLA. 33460

14. I 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, with all other like empowered.

SIGNATURE:

Michael Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1999 (561) 683-2197
 Date Daytime Phone #

CR2E037 (11/98)