

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90002 002 ****61.25

DOCUMENT # N22621

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0069140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **SMITH, LONDON**
STREET ADDRESS **1076 CAMEO CIR**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **PD** ☐ Delete
NAME **MAXWELL, TANIA R**
STREET ADDRESS **2219 22ND WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, MICHAEL**
STREET ADDRESS **4852-B ORLEANS CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **BMD** ☐ Delete
NAME **SANTAS, GORDAN**
STREET ADDRESS **1900 N CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **SAD** ☐ Delete
NAME **SMITH, LEONARD R**
STREET ADDRESS **4852-A ORLEANS CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **S** ☐ Delete
NAME **CLEMMONS, LATOSHA**
STREET ADDRESS **7329 PALM DEL DRIVE**
CITY-ST-ZIP **LANTANA FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael A. Williams / Michael A. Williams *May 15, 2004* (561) 683-2197