


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 JAN 31 PM 4:38

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
--	--

REINSTATEMENT 05-06



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

10172005 REIN-NP CR2E099 (6/04)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0069140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Michael A. Williams DATE 10/15/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$236.25
 After January 1, 2006, Fee will be \$297.50

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, LONDON	
STREET ADDRESS	1076 CAMEO CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAXWELL, TANIA R	
STREET ADDRESS	2219 22ND WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	

TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	4852-B ORLEANS CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	

TITLE	BMD	<input type="checkbox"/> Delete
NAME	SANTAS, GORDAN	
STREET ADDRESS	1900 N CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	

TITLE	SAD	<input type="checkbox"/> Delete
NAME	SMITH, LEONARD R	
STREET ADDRESS	4852-A ORLEANS CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	

TITLE	S	<input type="checkbox"/> 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	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santos, Gordon	
STREET ADDRESS	531 S.W. Nautical Avenue	
CITY-ST-ZIP	Port St. Lucie, Florida 34984	

TITLE	SAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEONARD R.	
STREET ADDRESS	711 Sunny Pines Way, H-2	
CITY-ST-ZIP	West Palm Beach, FL. 33415	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Michael A. Williams / Michael A. Williams DATE 10/15/05 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #