

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
65-0069140

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10/15/2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 300065571173
STREET ADDRESS 02/10/06--01026--021 **297.50
CITY-ST-ZIP

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME BMD Santos, Gordon
STREET ADDRESS 531 S.W. Nautical Avenue
CITY-ST-ZIP Port St. Lucie, Florida 34984

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

TITLE ☒ Change ☐ Addition
NAME SAD SMITH, LEONARD R.
STREET ADDRESS 711 Sunny Pines Way, H-2
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

TITLE ☐ Change ☐ Addition
NAME
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)(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* 10/15/05 (561) 683-2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #