

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90089 006 ****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**



CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SMITH, LONDON	
STREET ADDRESS	5706 CHANNEL DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAXWELL, TANIA R	
STREET ADDRESS	5520 N HAVERHILL RD #26	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Landon	
STREET ADDRESS	1076 Cameo Circle	
CITY-ST-ZIP	West Palm Beach, FLA, 33417	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxwell, Tania R	
STREET ADDRESS	2219 22nd Way	
CITY-ST-ZIP	West Palm Beach, FLA. 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Michael A. Williams* / Michael A. Williams (SG) 683-2197

CR2E037 (10/02)