

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27978 (8)

1. Corporation Name

PROFESSIONAL FIRE FIGHTERS OF DELRAY BEACH, LOCAL #1842, INC.



Principal Place of Business

135 E ATLANTIC AVE
F
DELRAY BEACH FL 33444
US

Mailing Address

P.O. BOX 583
DELRAY BEACH FL 33447-7583

3. Date Incorporated or Qualified
08/22/1988

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2291768

Applied For
Not Applicable

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

23

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• MIERZWA, MATTHEW J., JR
3900 WOODLAKE BLVD
S212
LAKE WORTH FL 33463

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 re-electing)

DATE:

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, WILLIAM S
STREET ADDRESS 135 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL ☒ DELETE

TITLE VD
NAME TABEEK, JAMES H.
STREET ADDRESS 135 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL ☒ DELETE

TITLE TD
NAME BROWN, ROBERT I
STREET ADDRESS 135 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL ☒ DELETE

TITLE SD
NAME DECKERS, JOHN D
STREET ADDRESS 135 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME TABEEK, JAMES H. ☒ Change ☐ Addition
1.3 STREET ADDRESS 501 W ATLANTIC AVE
1.4 CITY-ST-ZIP DELRAY BEACH, FL. 33447-7583 N/A

2.1 TITLE VD
2.2 NAME MURPHY, RICHARD ☒ Change ☐ Addition
2.3 STREET ADDRESS 501 W ATLANTIC AVE
2.4 CITY-ST-ZIP DELRAY BEACH, FL. 33447-7583 N/A

3.1 TITLE TD
3.2 NAME ADAMS, WILLIAM S ☒ Change ☐ Addition
3.3 STREET ADDRESS 501 W ATLANTIC AVE
3.4 CITY-ST-ZIP DELRAY BEACH, FL. 33447-7583 N/A

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 501 W ATLANTIC AVE
4.4 CITY-ST-ZIP DELRAY BEACH, FL. 33447-7583 N/A

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 300001769043
5.4 CITY-ST-ZIP -04/04/96--01031--020

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James H. TabEEK
JAMES H. TABEEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

(407) 243-7426

Date: Daytime Phone #

CR2E037 (12/95)