

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22621 (9)
 1. Corporation Name
GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PALM BEACH COUNTY, INC.

Principal Place of Business PO BOX 826 WEST PALM BEACH FL 33401	Mailing Address PO BOX 826 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1987		3a. Date of Last Report 03/15/1996	
21	26	4. FEI Number 65-0069140		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		Country		30. Country	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, MICHAEL 4852-B ORLEANS CT. WEST PALM BEACH FL 33415				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNQUEST, RHETT	1.2 NAME	
STREET ADDRESS	1429 6TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WALTER L.	2.2 NAME	HERBERT IRY
STREET ADDRESS	3907 SHELLEY ROAD S.	2.3 STREET ADDRESS	301 West 22nd Street
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Riviera Beach, FL. 33404
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL	3.2 NAME	
STREET ADDRESS	4852-B ORLEANS CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33415
TITLE	BM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEONARD	4.2 NAME	PERRY, TROY
STREET ADDRESS	1347 11TH STR	4.3 STREET ADDRESS	1378 N. MAGONIA DRIVE
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SGT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLS, AARON	5.2 NAME	GREGORY, RANDY "NA"
STREET ADDRESS	2105 W. 23RD STREET	5.3 STREET ADDRESS	P.O. BOX 926
CITY-ST-ZIP	RIVIERA BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *M. Williams* SIGNATURE REQUIRED: *M. Williams* 8/7/97 501 682-2197

CF2E037 (4/97)