


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90002 002 \*\*\*\*61.25

**DOCUMENT # N22621**  
1. Entity Name  
**GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF  
PALM BEACH COUNTY, INC.**



Principal Place of Business Mailing Address  
**PO BOX 926 WEST PALM BEACH FL 33401** **PO BOX 926 WEST PALM BEACH FL 33401**

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



MOORE CR2E037 (11/03)

**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) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	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	<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	
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* **May 15, 2004** (561)683-2197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #