

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007499

**Entity Name:** PALM BAY FIREFIGHTERS COMMUNITY BENEVOLENT, INC.

**Current Principal Place of Business:**

2550 PALM BAY RD, NE  
UNIT 203  
PALM BAY, FL 32905

**Current Mailing Address:**

P O BOX 061776  
PALM BAY, FL 32906

**FEI Number:** 27-4590150

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GINSBURG, DAVID  
548 GARDENDALE CIRCLE, SE  
PALM BAY, FL 32909 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name GINSBURG, DAVID  
Address P O BOX 061776  
City-State-Zip: PALM BAY FL 32906

Title VPD  
Name ADAM, SCOTT  
Address P O BOX 061776  
City-State-Zip: PALM BAY FL 32906

Title 2VPD  
Name GRICE, KEITH  
Address P O BOX 061776  
City-State-Zip: PALM BAY FL 32906

Title TREASURER / DIRECTOR  
Name PARENTE, CHERYL  
Address P O BOX 061776  
City-State-Zip: PALM BAY FL 32906

Title SECRETARY / DIRECTOR  
Name GENT, BRIAN  
Address P O BOX 061776  
City-State-Zip: PALM BAY FL 32906

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GINSBURG

**PRESIDENT / CEO**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date