

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22621

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0449207180**

**Entity Name:** GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

1020 11TH STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 926  
WEST PALM BEACH, FL 33402 09

**FEI Number:** 65-0069140

**Certificate of Status Desired:** No

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

WILLIAMS, MICHAEL  
4852-B ORLEANS CT.  
WEST PALM BEACH, FL 33415 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 PD  
Name CLEMONS, LATOSHA  
Address 515 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33409

Title VD  
Name GOLDEN, KEITH  
Address 321 WEST 24TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title TD  
Name WILLIAMS, MICHAEL A  
Address 4852-B ORLEANS CT  
City-State-Zip: WEST PALM BEACH FL 33415

Title S  
Name ALVIN, TIM  
Address 1024 CENTER STONE LANE  
City-State-Zip: RIVIERA BEACH FL 33404

Title SAD  
Name JACKSON, GREGORY  
Address 154 EAST 29TH COURT  
City-State-Zip: RIVIERA BEACH FL 33404

*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: MICHAEL A. WILLIAMS**

**TREASURER**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date