## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 712260
1. Corporation Name

(9)

HOLLYWOOD FIRE FIGHTERS LOCAL NO. 1375, I.A.F.F., INC.

310 SOUTH 62ND AVE HOLLYWOOD FL 33023

21

Principal Place of Business

2. Principal Place of Business

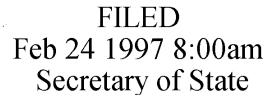
SIGNATURE:

Mailing Address

2a. Mailing Address

26

310 SOUTH 62ND AVE HOLLYWOOD FL 33023-1327





3a. Date of Last Report 03/05/1996

Applied For

Not Applicable

3. Date incorporated or Qualified 02/15/1967

4. FEI Number 59-6177386

Suite, Apt	#. etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired		\$8.75 /		
City & Stat	e	City & State	ł.,,,_L_,,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,			6. Election Campaign Financing		\$5.00	.,	
23	28					Trust Fund Contribution		Added t		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability fo	r intangible	tax under s.	199.032,	
24						Florida Statutes Yes No				
·	9. Name and Address of Currer	nt Registered Agent		B1		10. Name and Address of New F	egistered	Agent		
CHARD, RUSSELL 310 SOUTH 62ND AVENUE HOLLYWOOD FL 33023					Name					
					82 Street Address (P.O. Box Number is Not Acceptable)					
								ļī	84	City
							FL			
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State	)2 and 617.1508, Florida Statu of Florida. Such change was	tes, the ab authorized	iove-r I by th	named corpo he corporatio	ration submits this statement for the n's board of directors. I bereby acc	purpose of one ent for	changing its	s registered	
agent. I a	im familiar with, and accept the oblig	ations of, Section 617.0503, Fi	lorida Statu	ıtes.			op, sio upp	O. III. 107 II 40	,09,0,0,0	
SIGNATURE					<del></del>					
12.	Signature, typed or printed name of registered age		TE Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	NIDECTOR	S IN 10	
TITLE	TO OFFICERS AND			1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICENS AND	Change	Addition	
NAME	ANDERSON, DON		1.2 NA					C. C. C. L. GO	- Padition	
STREET ADDRESS	310 S G2 AVE.			1.3 STREET ADDRESS					İ	
DITY-SY-ZIP	HOLLYWOOD FL 33023								Į.	
TITLE				1.4 CITY-ST-ZIP 2.1 TITLE			·····	Change	Addition	
NAME	BARBERA, CHARLES		2.2 NAM					C'' Outside	ואווטואר נייד	
STREET ADDRESS	4582 S.W. 35TH AVE		2.3 STR		)DBCCC					
CITY-ST-7IP	FT. LAUDERDALE FL		1							
TITLE	PD	DELETE	2. 4 CH 3.1 TH		ZIP	<u> </u>		Change	Addition	
NAME	CHARD, RUSSELL	<u> </u>	3.2 NA					Citalingo Citalingo	7.00/10/1	
STREET ADDRESS	4047 N 40 TCDD				DDRESS				1	
CITY-ST-ZIP	HALLMHAAD FI		3.4. CIT							
TITLE	VPD	DELETE	4.1 T(T)		ZIP			Change	Addition	
NAME	JOHNSON, JOHN		4. 2 NA					4.00190		
STREET ADDRESS	310 S G2 AVE		4.3 STR		ODBESS					
CITY - ST - ZIP	HOLLYWOOD FL 33023		4.4 CIT		1					
TITLE		DELETE 5.1			E.I)	<del> </del>	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	}	<del></del>	5 2 NAM		1					
STREET ADORESS			5.3 STR		XORESS					
CITY-ST-ZIP			5.4 CIT						ĺ	
TITLE	······································	DELETE	61 TITL				···········	Change	Addition	
NAME			6.2 NAM	ME						
STREET ADDRESS			6.3 STR		ODRESS				ſ	
CITY-ST-ZIP	}		6.4 CIT		1				}	
14. 1 do here	by certify that the information supplied	d with this filing does not qual	ify for the e	exami	ntion stated i	n Section 119.07(3)(i), Florida Statu	es. I furthe	certify that	the	
intermatic	on indicated on this annual report or s	supplementat annual report is t	true and ac	ccura	ite and that m	ny signature shall have the same led	ial effect as	: if made und	der oath: that l	
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.										

Quelle 2 (Inflessor) Donald L. Andreson 2/15/97 951-9206
Descripte AND TYPIO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daylore Prove 4 0023600