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

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

712260

(9)

Corporation Name					
HOLLYWOOD FIRE FIGHTERS LOCAL NO. 1375, I.A.F.F., INC.					
Principal Place of Business Mailing Address				1 180111 18861 1/618 4/818 5/310 6/11 66/1 6/6/1	Aldri gibli bidil bibli gibli 1861
310 SOUTH 62ND AVE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023				Date Incorporated or Qualified     02/15/1967	
				4. FEI Number	Applied For
				59-6177386	Not Applicable
2. Principal Place of Business 2a. Mailing Address				\$8.75 Additional	
21 26		26		5. Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
27		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		☐ Yes 🔀 No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of C	urrent Hegistered Agent	81 Name	10. Name and Address of New Registers	a Agent
CHARD, RUSSELL				ddress (P.O. Box Number is Not Acceptable)	
310 SOUTH 62ND AVENUE					
HOLLYWOOD FL 33023			83		
			84 City		85 Zip Code
				F	<del>=</del>
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		4	a Barria da Antaria		
12.	Signature, typed or printed name of registered agent and title II applicable. (NOT OFFICERS AND DIRECTORS		Registered Agent signature required when renstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	DELETE	1.1 TATLE		Change Addition
NAME	ANDERSON, DON	_	1.2 NAME		<u> </u>
STREET ADDRESS	310 S G2 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	21 TITLE		Change Addition
NAME	BARBERA, CHARLES		2.2 NAME		_ , _
STREET ADDRESS	4582 S.W. 35TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP		
TITLE	PD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARD, RUSSELL		3.2 NAME		-
STREET ADDRESS	1017 N 13 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY - ST - ZIP		
TOTLE	VED	DELETE	4.1 TITLE	VPD T	Change Addition
NAME	Ј <b>о́</b> ниѕои, Јони		4.2 NAME	Fitzgerald, Dan 310 S Gd. Ave	
STREET ADDRESS	310\S G2 AVE		4.3 STREET ADDRESS	310 5 62 100	
CITY+ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP	Hollywood F1 33623	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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.

**FILED** 

Jun 11 1998 8:00am

Secretary of State