

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:24

DOCUMENT # 719448 (3)

1. Corporation Name

**FIRE FIGHTERS OF FORT LAUDERDALE, LOCAL 1545, I.
A.F.F., INC.**

Principal Place of Business
**309 1/2 SW 26TH ST.
FORT LAUDERDALE FL 33315**

Mailing Address
**309 1/2 SW 26TH ST.
FORT LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1970**
3a. Date of Last Report **02/01/1994**
4. FEI Number **59-1498225**
Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Country 28 Zip 30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JUSKINCK, JEFFREY, A
9827 CROSS PINE CT
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **HOLE, DENNIS**
STREET ADDRESS **9166 NW 15 ST**
CITY- ST- ZIP **PLANTATION FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **TD**
NAME **JUSTINAK, JEFFREY**
STREET ADDRESS **9827 CROSS PINE COURT**
CITY- ST- ZIP **LAKE WORTH FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **PD**
NAME **INGERSOLL, JAMES G.**
STREET ADDRESS **11240 NW 28 STREET**
CITY- ST- ZIP **PLANTATION FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **YANCEY, JOHN**
STREET ADDRESS **710 NW 10TH AVE**
CITY- ST- ZIP **DANIA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Justinak

407 751-5020
Registered Professional