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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90011 002 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719448

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/05/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1498225
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

IAN KEMP
3288 NW 26 CT
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

IAN M. KEMP *Treasurer* *1/17/99*

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLE, DENNIS	1.2 NAME	
STREET ADDRESS	9166 NW 15 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JUSTINAK, JEFFREY	2.2 NAME	
STREET ADDRESS	8521 ESTATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	IAN KEMP	3.2 NAME	
STREET ADDRESS	3288 NW 26 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GURDAK, GREGG	4.2 NAME	
STREET ADDRESS	10801 NW 17TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE:

IAN M. KEMP *1/17/99* *561 487 6790*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)