

DOCUMENT # 719448

1. Entity Name

FIRE FIGHTERS OF FORT LAUDERDALE, LOCAL 1545, I.
765

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90080 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1498225 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
IAN KEMP
3288 NW 26 CT
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD HOLE, DENNIS 9166 NW 15 ST PLANTATION FL
PD JUSTINAK, JEFFREY 8521 ESTATE DR WEST PALM BEACH FL
IAN KEMP 3288 NW 26 CT BOCA RATON FL 33434
GURDAK, GREGG 10801 NW 17TH PLACE PEMBROKE PINES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
IAN KEMP 3288 NW 26 CT BOCA RATON FL 33434
Treasurer William Humphrey 3170 SW 19 ST FT. LAUD. FL 33312
Vice President John San Angelo 7031 Raleigh ST Hollywood, FL 33024

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 1/04/01 Daytime Phone # 954-581-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Humphrey

CR2E037 (10/00)