2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719448

Address:

City-St-Zip:

7031 RALEIGH ST

HOLLYWOOD, FL 33024

FILED Apr 28, 2004 Secretary of State

Entity Name: FORT LAUDERDALE PROFESSIONAL FIREFIGHTERS INC. IAFF LOCAL 765

Current Principal Place of Business: New Principal Place of Business: 309 1/2 SW 26TH ST. FORT LAUDERDALE, FL 33315 **Current Mailing Address: New Mailing Address:** 309 1/2 SW 26TH ST FORT LAUDERDALE, FL 33315 FEI Number: 59-1498225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IAN KEMP WILLIAM HUMPHREY 3288 NW 26 CT 309 1/2 SW 26 STREET BOCA RATON, FL 33434 FORT LAUDERDALE, FL 33315 US US 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: WILLIAM HUMPHREY 04/28/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition (X) Delete HOLE, DENNIS Name: Name: 9166 NW 15 ST Address: Address: City-St-Zip: PLANTATION, FL City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: KEMP, IAN Name: Address: 3288 NW 26 CT Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: T/SD (X) Change () Addition HUMPHREY, WILLIAM Name: HUMPHREY, WILLIAM Name: Address: 1961 SW 70 TERR Address: 1961 SW 70 TERR City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 () Delete Title: Title: () Change () Addition Name: SAN ANGELO, JOHN Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM HUMPHREY SD/T 04/28/2004