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May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N08757 (9)

1. Corporation Name

INTERNATIONAL SOCIETY OF FIRE SERVICE INSTRUCTOR  
S - FLORIDA CHAPTER, INC.

Principal Place of Business

1171 SEDEEVA ST  
CLEARWATER FL 34615  
US

Mailing Address

1171 SEDEEVA ST  
CLEARWATER FL 34615-1400  
US

3. Date Incorporated or Qualified  
04/17/1985

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-2763158

Applied For  
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMICHAEL, WILLIAM M  
1171 SEDEEVA ST  
CLEARWATER FL 34615

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WIDING, DON	
STREET ADDRESS	500 N. DIXIE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPOD	<input type="checkbox"/> DELETE
NAME	POLLOCK, BRETT	
STREET ADDRESS	13413 2ND AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCMICHAEL, WILLIAM M	
STREET ADDRESS	1171 SEDEEVA ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEMP, MICHAEL W.	
STREET ADDRESS	1428-C SW 25TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JARRELL, JACK	
STREET ADDRESS	RT 4 BOX 773	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEAHY, JOHN	
1.3 STREET ADDRESS	8101 38th AVE N	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
2.1 TITLE	VPOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN LASTINGER	
2.3 STREET ADDRESS	7050 SCENIC HILLS BLVD	
2.4 CITY-ST-ZIP	LAKELAND, FL 33801	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: William M. McMichael WILLIAM M. MCMICHAEL 3/21/97 813-443-4496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 006668

CP2E037 (9/96)