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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 04/17/1985	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 59-2763158	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCMICHAEL, WILLIAM M 1171 SEDEEVA ST CLEARWATER FL 34615	
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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	FL

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 WILLIAM M. MCMICHAEL SEC. William M. McMichael 4-3-98
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	<input checked="" type="checkbox"/> DELETE
NAME	P LEAHY, JOHN
STREET ADDRESS	8101 38TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VPOD LASTINGER, JOHN
STREET ADDRESS	7050 SCENIC HILLS BLVD.
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD MCMICHAEL, WILLIAM M
STREET ADDRESS	1171 SEDEEVA ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	KEMP, MICHAEL W.
STREET ADDRESS	1426-C SW 25TH AVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RESIDENT PETE GANNON
1.3 STREET ADDRESS	7831 NW 45th ST
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPOD MIKE RANDOLPH
2.3 STREET ADDRESS	2305 ALISTIR LN
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD RICK TALBERT
5.3 STREET ADDRESS	6450 ABISCO RD
5.4 CITY-ST-ZIP	CDCOA, FL 32927
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 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 SEC 4-3-98 442-4496

CR2E037 (10/97)