

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N08757**

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

2. Principal Place of Business

21 **1426-C SW 25TH AVE**

2a. Mailing Address

26 **1426-C SW 25TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **BOYNTON BEACH, FL**

Zip

24 **33426**

Country

25 **USA**

City & State

28 **BOYNTON BEACH, FL**

Zip

29 **33426**

Country

30 **USA**

3. Date Incorporated or Qualified

**04/17/1985**

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

9. Name and Address of Current Registered Agent

MCMICHAEL, WILLIAM M  
1171 SEDEEVA ST  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

**MICHAEL KEMP**

82 Street Address (P.O. Box Number is Not Acceptable)

**1426-C SW 25TH AVE**

83

84 City

**BOYNTON BEACH**

FL

85 Zip Code

**33426**

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 **MICHAEL W. KEMP** *Michael W. Kemp* (T)

**8-18-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **P**  
STREET ADDRESS **GANNON, P**  
CITY-ST-ZIP **7831 NW 45TH ST  
LAUDERHILL FL 33351**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **RANDOLPH, M**  
CITY-ST-ZIP **2305 ALSTIR LN  
TALL FL 32312**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **MCMICHAEL, WILLIAM M**  
CITY-ST-ZIP **1171 SEDEEVA ST  
CLEARWATER FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **KEMP, MICHAEL W.**  
CITY-ST-ZIP **1426-C SW 25TH AVE  
BOYNTON BEACH FL**

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **TALBERT, R**  
CITY-ST-ZIP **6450 ABISCO RD  
COCOA FL 32927**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS **TALBERT, RICK**  
1.4 CITY-ST-ZIP **6450 ABISCO RD  
COCOA, FL 32927**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **RICHARD WEBB**  
5.4 CITY-ST-ZIP **4404 COBALT ST  
PALATKA, FL 32177**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **MICHAEL W. KEMP** *Michael W. Kemp* (T)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-18-99**

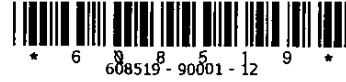
Date

**561-367-8946**

Daytime Phone #

**FILED**  
**Aug 23, 1999 8:00 am**  
**Secretary of State**

08-23-1999 90001 012 \*\*\*\*70.00



CR2E037 (5/99)