

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 050 ****61.25

DOCUMENT # 711351

1. Entity Name

OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT,
INC.



Principal Place of Business

19 WAKULLA CIRCLE
PANACEA FL 32346

Mailing Address

P.O. BOX 101
PANACEA FL 32346
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANTLEY, CAROLYN S
519 MASHES SANDS ROAD
OCHLOCKONEE BAY FL 32346

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME COURTIER, TONI
STREET ADDRESS 2289 SURF RD, UNIT B-2
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME IVANHOE, CARROLL
STREET ADDRESS 50 SIMMON 8 COURT
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346

TITLE ☐ Change ☒ Addition
NAME Hudson, Bill
STREET ADDRESS 533 Mashas Sands Rd
CITY-ST-ZIP Panacea, Florida 32346

TITLE D ☐ Delete
NAME SHEPARD, MARV
STREET ADDRESS 51 SUNRISE LANE
CITY-ST-ZIP OCHLOCKONEE FL 32346

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHAMBERS, JERRY
STREET ADDRESS 94 WAKULLA CIR
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME LOVE, RAYMOND
STREET ADDRESS 18 LAKEWOOD DRIVE
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BRANTLEY, CAROLYN S
STREET ADDRESS 519 MASHES SANDS ROAD
CITY-ST-ZIP OCHLOCKONEE FL 32346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CAROLYN S. BRANTLEY

SIGNATURE CAROLYN S. BRANTLEY

1-27-06 954-984-5353