2003 NOT-FOR-PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 711351 04-21-2003 90533 015 ****61.25 OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address P.O. BOX 101 19 WAKULLA CIRCLE OCHLOCKONEE BAY FL 32346 PANACEA FL 32346 2. Principal Place of Business 3. Mailing Address 101 XOS.01 19 Wakulla Czeche Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-1929105 Panacec anaceaFl Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NTLEX arolu DAVIS, JESSE W 115 MASHES SANDS ROAD OCHLOCKONEE BAY FL 32346. Zip Code anacea 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. S.BRANTLEY! 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE TITLE **X** Addition Delete Averitt, sarah 33 wakwila Circle NAME TAYLOR, LISA NAME STREET ADDRESS 15 LAKE AVE STREET ADDRESS Panacea, FL 32346 CITY-ST-7IP PANACEA FL 32346 CITY-ST-ZIP TITLE TITLE ☐ Delete Yail Ken 30 Riverview Drive Addition VAIL, KEN NAME NAME Ochlockonec BAY, FL 32346 STREET ADDRESS 2239 SURF ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **OCKLOCKONEE FL 32346** Shedward, maker TITLE TITLE Delete Change Addition SHEPARD, MARV NAME NAME STREET ADDRESS 51 SUNRISE LANE STREET ADDRESS ochlockonee Bau, Fl 32346 CITY-ST-ZIP CITY-ST-ZIP OCHLOCKONEE FL 32346 TITLE TITLE ☐ Delete Addition CHAMBERS, JERRY NAME NAME STREET ADDRESS 94 WAKULLA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCHLOCKONEE BAY FL 32346

12. 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 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

DAVIS, CAROL LYNN

DAVIS, JESSE W

115 MASHES SANDS ROAD

OCHLOCKONEE FL 32346

115 MASHES SANDS ROAD

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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Love 1 Raymond

18 Lakewood DRIVE

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