

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711351

**Entity Name:** OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**19 WAKULLA CIRCLE  
PANACEA, FL 32346**Current Mailing Address:**P.O. BOX 101  
PANACEA, FL 32346 US**FEI Number:** 59-1541981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRANTLEY, CAROLYN S  
519 MASHES SANDS ROAD  
OCHLOCKONEE BAY, FL 32346 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	S
Name	RUSSEL, BETTY
Address	24 RIVER DR
City-State-Zip:	OCHLOCKONEE BAY FL 32346

Title	VP
Name	STRAIN, NYLE
Address	21 SKYHAWK LN
City-State-Zip:	OCHLOCKONEE FL 32346

Title	P
Name	FULTS, STEVEN SR
Address	35 MONOCOUPÉ CIR
City-State-Zip:	OCHLOCKONEE BAY FL 32346

Title	D
Name	HINCHEE, DANIEL
Address	166 TARPINE DR
City-State-Zip:	PANACEA FL 32346

Title	D
Name	O'DELL, CAROL
Address	96 MONOCOUPÉ CR
City-State-Zip:	OCHLOCKONEE BAY FL 32346

Title	T
Name	BRANTLEY, CAROLYN S
Address	519 MASHES SANDS ROAD
City-State-Zip:	OCHLOCKONEE FL 32346

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN P FULTS**PRESIDENT****02/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date