2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-06-2007 90035 034 ****61.25

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1. Entity Name
OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
19 WAKULLA CIRCLE PANACEA, FL 32346	P.O. BOX 101 PANACEA, FL 32346 US

DO NOT WRITE IN THIS SPACE

04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Carolyn S Brantley 4-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	COURTIER, TONI
STREET ADDRESS	2289 SURF RD, UNIT B-2
CITY-ST-ZIP	OCHLOCKONEE BAY, FL 32346
TITLE	D
NAME	HUDSON, BILL
STREET ADDRESS	533 MASHES SANDS RD
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	VP
NAME	SHEPARD, MARV
STREET ADDRESS	51 SUNRISE LANE
CITY-ST-ZIP	OCHLOCKONEE, FL 32346
TITLE	D
NAME	CHAMBERS, JERRY
STREET ADDRESS	94 WAKULLA CIR
CITY-ST-ZIP	OCHLOCKONEE BAY, FL 32346
TITLE	P
NAME	LOVE, RAYMOND
STREET ADDRESS	18 LAKEWOOD DRIVE
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	T
NAME	BRANTLEY, CAROLYN S
STREET ADDRESS	519 MASHES SANDS ROAD
CITY-ST-ZIP	OCKLOCKONEE, FL 32346

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

SIGNATURE: Carolyn S Brantley 4-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #