FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754072 (7)

1. Corporation Name

OKEECHOBEE COUNTY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
301 N.W. 2ND STREET OKEECHOBEE FL 34972 US	301 N.W. 2ND STREET OKEECHOBEE FL 34972 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1980	3a. Date of Last Report: 10/13/1994
4. FEI Number: 59-6000768	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, MARGIEA 3370 N.W. 40TH DRIVE OKEECHOBEE FL 34972	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ (Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	President [X] Change [ ] Addition
NAME	~~CONE, STEVE~~	12 NAME	ARNOLD, DONNY
STREET ADDRESS	~~905 S.W. 7TH AVENUE~~	13 STREET ADDRESS	3549 S.W. 17th Street
CITY-ST-ZIP	~~OKEECHOBEE FL~~	14 CITY-ST-ZIP	Okeechobee, Fl. 34974
TITLE	ST	21 TITLE	S/T [ ] Change [ ] Addition
NAME	JOHNSON, MARGIE A	22 NAME	
STREET ADDRESS	3370 N.W. 40TH DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V/P [X] Change [ ] Addition
NAME	ARNOLD, DONNY	32 NAME	ROGERS, JENNIFER
STREET ADDRESS	3549 S.W. 17TH STREET	33 STREET ADDRESS	1801 S. Parrott Ave #E205
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	D	41 TITLE	[ ] Change [ ] Addition
NAME	MULLINS, KAY	42 NAME	
STREET ADDRESS	2319 SW 21ST STREET	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	SCHILLER, AL	52 NAME	
STREET ADDRESS	2304 APPLETON COURT	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	MUROS, MARK	62 NAME	
STREET ADDRESS	6888 SW 88 TRAIL	63 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Margie Johnson / *Margie Johnson* 05-11-95 813-763-554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0020844