

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754072

1. Corporation Name
OKEECHOBEE COUNTY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business
**301 N.W. 2ND STREET
OKEECHOBEE, FL. 34972**

Mailing Address
**301 N.W. 2ND STREET
OKEECHOBEE, FL. 34972**

3. Date Incorporated or Qualified
09/05/1980

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6000768

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, MARGIE A.
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
ARNOLD, DONNY
3549 S.W. 17TH STREET
OKEECHOBEE, FL. 34974**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY TREASURER
JOHNSON, MARGIE A.
3370 N.W. 40TH DRIVE
OKEECHOBEE, FL. 34972**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE-PRESIDENT
YEATES, KEITH
2309 N.W. 42ND AVENUE
OKEECHOBEE, FL. 34972**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MULLINS, KAY
2319 S.W. 21ST STREET
OKEECHOBEE, FL. 34974**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**600001782716
-04/16/96--01124--004
***70.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHILLER, AL
2304 APPLETON COURT
PALM BEACH GARDENS, FL.**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MUROS, MARK
6888 S.W. 88TH TRAIL
OKEECHOBEE, FL. 34974**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**4-16-96
JR**

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 A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIE A. JOHNSON

4-11-96

Date

941-763-5544

Daytime Phone #

CR2E037 (12/95)