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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 1-27-97 R 848		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754072 (7) 1. Corporation Name OKEECHOBEE COUNTY VOLUNTEER FIRE DEPARTMENT, INC			
Principal Place of Business 301 N.W. 2ND STREET OKEECHOBEE FL 34972 US		Mailing Address 301 N.W. 2ND STREET OKEECHOBEE FL 34972-4120 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country	31	Zip
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 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 617.0508, Florida Statutes.		SIGNATURE: <i>Margie A. Johnson</i> 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	P	1.1 TITLE	Pres.
NAME	ARNOLD, DONNY	1.2 NAME	Keith Yeates
STREET ADDRESS	3549 S.W. 17TH STREET	1.3 STREET ADDRESS	2309 NW 42 Ave
CITY - ST - ZIP	OKEECHOBEE FL	1.4 CITY - ST - ZIP	Okeechobee, Fl. 34972
TITLE	ST	2.1 TITLE	VP
NAME	JOHNSON, MARGIE A	2.2 NAME	Gregory Caldwell
STREET ADDRESS	3370 N.W. 40TH DRIVE	2.3 STREET ADDRESS	P.O. Box 2554 (1006 SW 9 St)
CITY - ST - ZIP	OKEECHOBEE FL	2.4 CITY - ST - ZIP	Okeechobee, Fl. 34973
TITLE	VP	3.1 TITLE	ST
NAME	YEATES, KEITH	3.2 NAME	Donny Arnold
STREET ADDRESS	2309 N.W. 42ND AVE.	3.3 STREET ADDRESS	3549 SW 17 St
CITY - ST - ZIP	OKEECHOBEE FL 34972	3.4 CITY - ST - ZIP	Okeechobee, Fl. 34974
TITLE	D	4.1 TITLE	
NAME	MULLINS, KAY	4.2 NAME	
STREET ADDRESS	2319 SW 21ST STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHILLER, AL	5.2 NAME	
STREET ADDRESS	2304 APPLETON COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	MUROS, MARK	6.2 NAME	
STREET ADDRESS	6888 SW 88 TRAIL	6.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	6.4 CITY - ST - ZIP	



CR2E037 (9/96)

14. I do 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 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

Jan 28, 1997 (941-763-5544)
Date Daytime Phone # 0071332