


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

3. Date Incorporated or Qualified 09/05/1980	Applied For 59-6000768	Not Applicable
--	----------------------------------	----------------

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

JOHNSON, MARGIEA
3370 N.W. 40TH DRIVE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	PRESIDENT
NAME	ARNOLD, DONNY	1.2 NAME	JENNAL DAVID HARTWELL
STREET ADDRESS	3549 S.W. 17TH STREET	1.3 STREET ADDRESS	901 SW 52 AVE
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VP	2.1 TITLE	V. PRESIDENT
NAME	CALDWELL, GREGORY	2.2 NAME	RICHA CHARTIER
STREET ADDRESS	P O BOX 2554 (1006 SW 9 ST)	2.3 STREET ADDRESS	7806 SW 9TH STREET
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	CHAPMAN	3.1 TITLE	
NAME	YEATES, KEITH	3.2 NAME	
STREET ADDRESS	2309 N.W. 42ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE REQUIRED

1-14-98

941-763-2151

CR2E037 (10/97)