

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90167 009 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 US		Mailing Address 301 N.W. 2ND STREET OKEECHOBEE FL 34972 US	

412462 - 90112 - 45



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/05/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6000768	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 SABRINA YEATES	
				82 Street Address (P.O. Box Number is Not Acceptable) 2025 N.W. 42 AVE.	
				83	
				84 City OKEECHOBEE FL 85 Zip Code 34972	
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 617.0505, Florida Statutes.					
SIGNATURE <i>Sabrina Yeates</i> 3-20-99 DATE					
12. OFFICERS AND DIRECTORS					
TITLE	ST	<input checked="" type="checkbox"/> DELETE			
NAME	ARNOLD, DONNY				
STREET ADDRESS	3549 S.W. 17TH STREET				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	HARTWELL, JEHMAL DAVID				
STREET ADDRESS	901 SW 5TH AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34974				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	YEATES, KEITH				
STREET ADDRESS	2309 N.W. 42ND AVE.				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MULLINS, KAY				
STREET ADDRESS	2319 SW 21ST STREET				
CITY-ST-ZIP	OKEECHOBEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SCHILLER, AL				
STREET ADDRESS	2304 APPLETON COURT				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MUROS, MARK				
STREET ADDRESS	6888 SW 88 TRAIL				
CITY-ST-ZIP	OKEECHOBEE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ST		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		SABRINA YEATES			
1.3 STREET ADDRESS		2025 N.W. 42 AVE.			
1.4 CITY-ST-ZIP		OKEECHOBEE, FL. 34972			
2.1 TITLE P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		RICK CHARTIER			
2.3 STREET ADDRESS		7806 S.W. 9th STREET			
2.4 CITY-ST-ZIP		OKEECHOBEE, FL. 34974			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

0-9-99

441-763-1503

Date

Daytime Phone #