

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 004 ****70.00

DOCUMENT # 754072

1. Entity Name
OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEER
DIVISION, INC.



Principal Place of Business
501 NW 6STREET
OKEECHOBEE, FL 34972 US

Mailing Address
501 NW 6STREET
OKEECHOBEE, FL 34972 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6000768

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANEVARI, GARY L
~~5100 SE 67TH AVE~~
OKEECHOBEE, FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

501 S.E. 6 Ave.

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME WEEKS, LARRY S
STREET ADDRESS 1011 NW 7TH CRT
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE P ☐ Delete
NAME CANEVARI, GARY L
STREET ADDRESS ~~5100 SE 67TH AVE~~
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE C ☐ Delete
NAME HOPKINS, MICHAEL
STREET ADDRESS 14624 NW 34 TERR
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE D ☐ Delete
NAME MULLINS, KAY
STREET ADDRESS 2319 SW 21ST STREET
CITY-ST-ZIP OKEECHOBEE, FL

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

TITLE D ☐ Delete
NAME MUROS, MARK
STREET ADDRESS 6888 SW 88 TRAIL
CITY-ST-ZIP OKEECHOBEE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 501 S.E. 6 Ave.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-04