

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 033 ****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**

50036168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6000768

Applied For
Not Applicable

Zip Country Zip Country

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
501 S.E. 6 AVE.
OKEECHOBEE, FL 34974**

Name

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE P ☐ Delete
NAME CANEVARI, GARY L
STREET ADDRESS 501 S.E. 6 AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

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

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

TITLE ☒ Change ☐ Addition
NAME **Mark N. Hopkins**
STREET ADDRESS **14624 N.W. 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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)(f), 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 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 10 or Block 11 if 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

4/6/05

Daytime Phone #