2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 14, 2006 8:00 am

Secretary of State

04-14-2006 90150 005 ****70.00 **DOCUMENT #754072** 1. Entity Name OKEÉCHOBEE COUNTY FIRE RESCUE VOLUNTEER DIVISION, INC. 50012172 Mailing Address Principal Place of Business 501 NW 6STREET **501 NW 6STREET** OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E037 (11/05) Cha-NP Applied For City & State 4. FEI Number 59-6000768 City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mike D. Corwin CANEVARI, GARY L Street Address (P.O. Box Number is Not Acceptable) 501 S.E. 6 AVE. OKEECHOBEE, FL 34974 2912 N.W. 35 Drive Okeechobee Zip Code 34972 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. 4-11-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61:25 \$5.00 May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Defete TITLE TITLE WEEKS, LARRY S NAME NAME STREET ADDRESS STREET ADDRESS 1011 NW 7TH CRT OKEECHOBEE, FL 34972 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE Mike D. Corwin 2912 N.W. 35 Drive TITLE CANEVARI, GARY L Deceased NAME NAME STREET ADDRESS 501 S.E. 6 AVE STREET ADDRESS Okeechobee, Fl. 34972 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE, FL 34974 Change ☐ Addition TITLE Relete TITI F Italo Buenaventura 5895 NE 56 Pkwy. HOPKINS, MARK N NAME NAME STREET ADORESS 14624 NW 34 TERR STREET ADDRESS Okeechobee, Fl. 34972 CITY-ST-7IP OKEECHOBEE, FL 34972 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE MULLINS, KAY NAME NAME 2319 SW 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL CITY-ST-ZIP Change Addition X X Delete TITLE TITLE NAME SCHILLER, AL NAME STREET ADDRESS 2304 APPLETON COURT STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL CITY-ST-ZIP X Change Addition ☐ Delete TITLE TITLE D Mark Muros NAME NAME MUROS, MARK 504 N.W. 4th St. 6888 SW 88 TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Okeechobee, Fl. 34972 CITY-ST-ZIP OKEECHOBEE, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	4-11-06	
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #