FILED Jun 12, 2007 8:00 am Secretary of State

ANNUAL REPORT	ON
	4517.2

1. Entity Name OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEER DIVISION, INC.			1	-2007 90109 012 *				
501 NW 6ST	REET E, FL 34972 US	Mailing Address 501 NW 6STREET OKEECHOBEE, FL 34972	2 US	1 IRONIA 2000 ONNA OVUH 10	IIII FRAIR IIDI Oloh digi) oloh digi	Orani olitaida on Hook		
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				06082007 Chg-Ni	P CR2E037 (1:	2/06)		
City & State City & State			4. FEI Number 59-6000768		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status E		75 Additional Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address	of New Registered Agent			
CORWIN, MIKE D 2942 NW 35 SR				Street Address (P.O. Box Number is Not Acceptable)				
OKEECHOBEE, FL 34972			2912-1	2912-N.W.35 DRIVE				
			City		FL Z	ip 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 privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filling Fee is \$61.25 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to					Make check pay Florida Departmen			
10.	OFFICERS AND DIR	ECTORS Delete	11.	ADDITIONS/CHANGES TO		ORS IN 10 Change		
NAME STREET ADDRESS CITY-ST-ZIP	WEEKS, LARRY S 1011 NW 7TH CRT OKEECHOBEE, FL 34972	_ Cease	NAME STREET ADDRESS CITY-ST-ZIP			Albingo Roberton		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORWIN, MIKE D 2912 NW 35 DR OKEECHOBEE, FL 34972	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUENAVENTURA, ITALO 5895 NE 56 PKWY OKEECHOBEE, FL 34972	Delete	SIREEI ADUNESS 70=	TOR MARTIN SNE 9 AVE ECHOBEE FL	3 4912~	change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, KAY 2319 SW 21ST STREET OKEECHOBEE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLER, AL 2304 APPLETON COURT PALM BEACH GARDENS, FL	DeHete	TITLE S/T NAME MAR STREET ADDRESS P.O. CITY-ST-ZIP OKE	GIE JOHNSO BOX 531 EECHOBEE FL)N	thange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUROS, MARK 504 NW 4TH ST OKEECHOBEE, FL 34972	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		thange		
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: SIGNATURE AND TYPED OR PRRITED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								

Larry S. Weeks