


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 029 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6000768	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORWIN, MIKE D 2912 NW 35 DR OKEECHOBEE, FL 34972			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, LARRY S		NAME	Tiela Torres	
STREET ADDRESS	1011 NW 7TH CRT		STREET ADDRESS	3467 Hwy 70W	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, VICTOR		NAME	MIKE CORWIN	
STREET ADDRESS	705 NE 9 AVE		STREET ADDRESS	2912 NW 35 Drive	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUENAVENTURA, ITALO		NAME	James Perviss	
STREET ADDRESS	5895 NE 56 PKWY		STREET ADDRESS	500 N.E. 35th	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARGIE		NAME	Lisa Holtkamp	
STREET ADDRESS	PO BOX 531		STREET ADDRESS	725 SW 8th Avenue	
CITY-ST-ZIP	OKEECHOBEE, FL 34973		CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHILLER, AL		NAME		
STREET ADDRESS	2304 APPLETON COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUROS, MARK		NAME		
STREET ADDRESS	504 NW 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-18-08 <small>Date</small>		863-64-7718 <small>Daytime Phone #</small>