

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754072

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEER DIVISION, INC.

**Current Principal Place of Business:**

501 NW 6STREET  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 NW 6STREET  
OKEECHOBEE, FL 34972 US

**New Mailing Address:**

**FEI Number:** 51-0519005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORWIN, MIKE D  
2912 NW 35 DR  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WEEKS, LARRY S SR.  
Address: 1011 N.W. 7TH COURT  
City-St-Zip: OKEECHOBEE, FL 34972

Title: P  
Name: CORWIN, MIKE  
Address: 2912 NW 35 DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: C  
Name: RUCKS, CHASE  
Address: 2004 S.W. 6 AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST  
Name: JOHNSON, MARGIE  
Address: P.O. BOX 531  
City-St-Zip: OKEECHOBEE, FL 34973

Title: D  
Name: MUROS, MARK  
Address: 504 NW 4 STREET  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE CORWIN

PRES

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date