


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90021 013 ****61.25

DOCUMENT # 711351

1. Entity Name
OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.



40019638



Principal Place of Business
19 WAKULLA CIRCLE
PANACEA, FL 32346

Mailing Address
P.O. BOX 101
PANACEA, FL 32346 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-1929105

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01272005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

BRANTLEY, CAROLYN S
519 MASHES SANDS ROAD
OCHLOCKNEE BAY, FL 32346

7. Name and Address of New Registered Agent

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 *Carolyn S. Brantley* *CAROLYN S. BRANTLEY* *2-15-05*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVERRITT, SARAH 33 WAKULLA CIRCLE PANACEA, FL 32346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAIL, KEN 2239 SURF RD OCKLOCKONEE, FL 32346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, MARV 51 SUNRISE LANE OCHLOCKONEE, FL 32346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, JERRY 94 WAKULLA CIR OCHLOCKONEE BAY, FL 32346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVE, RAYMOND 18 LAKEWOOD DRIVE PANACEA, FL 32346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANTLEY, CAROLYN S 519 MASHES SANDS ROAD OCKLOCKONEE, FL 32346 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY COURTNEY TONI 2289 SURF RD, Unit B-2 ochlocknee Bay, FL 32346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President CAROLLY IUANHOE 50 SIMMONS COURT ochlocknee Bay, FL 32346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carolyn S. Brantley* *CAROLYN S. BRANTLEY* *2-15-05* *9845353*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #