


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 050 ****61.25

DOCUMENT # 711351			
1. Entity Name OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRANTLEY, CAROLYN S 519 MASHES SANDS ROAD OCHLOCKONEE BAY FL 32346		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURTIER, TONI		NAME	
STREET ADDRESS 2289 SURF RD, UNIT B-2		STREET ADDRESS	
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME IVANHOE, CARROLL		NAME Hudson, Bill	
STREET ADDRESS 50 SIMMON 8 COURT		STREET ADDRESS 533 Mashas Sands Rd	
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346		CITY-ST-ZIP Panacea, Florida 32346	
TITLE D	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, MARV		NAME	
STREET ADDRESS 51 SUNRISE LANE		STREET ADDRESS	
CITY-ST-ZIP OCHLOCKONEE FL 32346		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBERS, JERRY		NAME	
STREET ADDRESS 94 WAKULLA CIR		STREET ADDRESS	
CITY-ST-ZIP OCHLOCKONEE BAY FL 32346		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOVE, RAYMOND		NAME	
STREET ADDRESS 18 LAKEWOOD DRIVE		STREET ADDRESS	
CITY-ST-ZIP PANACEA FL 32346		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANTLEY, CAROLYN S		NAME	
STREET ADDRESS 519 MASHES SANDS ROAD		STREET ADDRESS	
CITY-ST-ZIP OCHLOCKONEE FL 32346		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CAROLYN S. BRANTLEY

SIGNATURE *Carolyn S. Brantley* 1-27-06 95A-984-5353