


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90035 034 \*\*\*\*61.25

**DOCUMENT # 711351**  
 1. Entity Name  
**OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>19 WAKULLA CIRCLE PANACEA, FL 32346</b>	Mailing Address <b>P.O. BOX 101 PANACEA, FL 32346 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**BRANTLEY, CAROLYN S  
 519 MASHES SANDS ROAD  
 OCHLOCKONEE BAY, FL 32346**

**DO NOT WRITE IN THIS SPACE**

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* DATE 4-6-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURTIER, TONI 2289 SURF RD, UNIT B-2 OCHLOCKONEE BAY, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BILL 533 MASHES SANDS RD PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPARD, MARV 51 SUNRISE LANE OCHLOCKONEE, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, JERRY 94 WAKULLA CIR OCHLOCKONEE BAY, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVE, RAYMOND 18 LAKEWOOD DRIVE PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANTLEY, CAROLYN S 519 MASHES SANDS ROAD OCHLOCKONEE, FL 32346

**DO NOT WRITE IN THIS SPACE**

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: *Carolyn S Brantley* DATE 4-6-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR