

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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



01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" 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
 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: _____ DATE: _____
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, 2008

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

U00000799414
 01/30/08-80068-006 61.25

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 1-25-08 8509845353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #