

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711351

FILED
Apr 16, 2009
Secretary of State

Entity Name: OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

19 WAKULLA CIRCLE
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101
PANACEA, FL 32346 US

New Mailing Address:

FEI Number: 59-1541981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRANTLEY, CAROLYN S
519 MASHES SANDS ROAD
OCHLOCKONEE BAY, FL 32346 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: S () Delete
Name: COURTIER, TONI
Address: 2289 SURF RD, UNIT B-2
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: D () Delete
Name: HUDSON, BILL
Address: 533 MASHES SANDS RD
City-St-Zip: PANACEA, FL 32346

Title: VP () Delete
Name: SHEPARD, MARV
Address: 51 SUNRISE LANE
City-St-Zip: OCHLOCKONEE, FL 32346

Title: D () Delete
Name: CHAMBERS, JERRY
Address: 94 WAKULLA CIR
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: P () Delete
Name: LOVE, RAYMOND
Address: 18 LAKEWOOD DRIVE
City-St-Zip: PANACEA, FL 32346

Title: T () Delete
Name: BRANTLEY, CAROLYN S
Address: 519 MASHES SANDS ROAD
City-St-Zip: OCKLOCKONEE, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN S. BRANTLEY

T

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date