

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711351

FILED
Jan 19, 2011
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
Name: RUSSEL, BETTY
Address: 24 RIVER DR
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: D
Name: HINCHEE, DANIEL
Address: 166 TARPINE DR
City-St-Zip: PANACEA, FL 32346

Title: VP
Name: STRAIN, NYLE
Address: 21 SKYHAWK LN
City-St-Zip: OCHLOCKONEE, FL 32346

Title: D
Name: KUERSTEINER, WILLIAM
Address: 8 STINSON TAXIWAY
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: P
Name: FULTS, STEVEN SR
Address: 35 MONOCOUCPE CIR
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: T
Name: BRANTLEY, CAROLYN S
Address: 519 MASHES SANDS ROAD
City-St-Zip: OCHLOCKONEE, FL 32346

I hereby 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 all other like empowered.

SIGNATURE: STEVEN FULTS

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date