

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711351

FILED  
Jan 04, 2012  
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: O'DELL, CAROL  
Address: 96 MONOCOUCPE CR  
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: BETTY FAYE RUSSELL

S

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date