

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711351 (7)
1. Corporation Name
OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
**HIGHWAY 98 & BAY PARK
P O BOX 101
PANACEA FL 32346**

3. Date Incorporated or Qualified **08/16/1966** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

4. FEI Number **59-1929105** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LANGSTOM, WILLIAM R.
SURF ROAD
PANACEA FL 32346**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T LANGSTON, WILLIAM R | 1.2 NAME | |
| STREET ADDRESS | SURF RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P DAY, WILLIAM J | 2.2 NAME | |
| STREET ADDRESS | SILVER ACRES RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D WYANT, ROBERT | 3.2 NAME | |
| STREET ADDRESS | BAY PARK | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA, FL 0 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V JONES, HERMAN J | 4.2 NAME | |
| STREET ADDRESS | MASHES SAND RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MORGAN, ROBERT | 5.2 NAME | |
| STREET ADDRESS | MASHS SAND RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S WYANT, CHARLES W | 6.2 NAME | |
| STREET ADDRESS | WAKULLA CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANACEA FL | 6.4 CITY-ST-ZIP | |

HARRY POTTER
P.O. Box 460
SURF RD
PANACEA, FL 32346

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William B. Langston* 3-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
781-951-5116

CR2E037 (12/95)