

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711351

**FILED**  
**Mar 27, 2013**  
**Secretary of State**  
**CC6512334320**

**Entity Name:** OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

19 WAKULLA CIRCLE  
PANACEA, FL 32346

**Current Mailing Address:**

P.O. BOX 101  
PANACEA, FL 32346 US

**FEI Number: 59-1541981**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRANTLEY, CAROLYN S  
519 MASHES SANDS ROAD  
OCHLOCKONEE BAY, FL 32346 US

*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

**Officer/Director Detail :**

Title S  
Name RUSSEL, BETTY  
Address 24 RIVER DR  
City-State-Zip: OCHLOCKONEE BAY FL 32346

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

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

Title D  
Name O'DELL, CAROL  
Address 96 MONOCOUCPE CR  
City-State-Zip: OCHLOCKONEE BAY FL 32346

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

Title T  
Name BRANTLEY, CAROLYN S  
Address 519 MASHES SANDS ROAD  
City-State-Zip: OCKLOCKONEE 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 P FULTS**

**PRESIDENT**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date