

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711351

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

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date