

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711351 (7)**

1. Corporation Name  
**OCHLOCKNEE BAY VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>HIGHWAY 98 &amp; BAY PARK P O BOX 101 PANACEA FL 32346</b>	Mailing Address <b>HIGHWAY 98 &amp; BAY PARK P O BOX 101 PANACEA FL 32346-0101</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified <b>08/16/1966</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-1929105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LANGSTON, 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
85 Zip Code

**FL**

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>LANGSTON, WILLIAM R</b>	
STREET ADDRESS	<b>SURF RD</b>	
CITY-ST-ZIP	<b>PANACEA, FL 00000</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>DAY, WILLIAM J</b>	
STREET ADDRESS	<b>SILVER ACRES RD</b>	
CITY-ST-ZIP	<b>PANACEA, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WYANT, ROBERT</b>	
STREET ADDRESS	<b>BAY PARK</b>	
CITY-ST-ZIP	<b>PANACEA, FL 0</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>JONES, HERMAN J</b>	
STREET ADDRESS	<b>MASHES SAND RD</b>	
CITY-ST-ZIP	<b>PANACEA, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>POTTER, HARRY</b>	
STREET ADDRESS	<b>P.O. BOX 460</b>	
CITY-ST-ZIP	<b>PANACEA FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WYANT, CHARLES W</b>	
STREET ADDRESS	<b>WAKULLA CIRCLE</b>	
CITY-ST-ZIP	<b>PANACEA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>#3 RIVER VIEW</b>
1.4 CITY-ST-ZIP	<b>PANACEA FL 32346</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>58 SILVER ACRES</b>
2.4 CITY-ST-ZIP	<b>PANACEA FL 32346</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>88 WAKULLA CIRCLE</b>
3.4 CITY-ST-ZIP	<b>PANACEA FL 32346</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>38 AUTUMN LANE</b>
4.4 CITY-ST-ZIP	<b>PANACEA FL 32346</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>P.O. Box 460</b>
5.4 CITY-ST-ZIP	<b>2675 SURF RD PANACEA FL 32344</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>57 WAKULLA CIRCLE</b>
6.4 CITY-ST-ZIP	<b>PANACEA FL 32346</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. Langston *William R. Langston* 2-19-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000061

CR2E037 (9/96)