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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 711351

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

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



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|--|--|--|
| 2. Principal Place of Business 21 19 WAKULLA CIRCLE Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 101 Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 08/16/1966 |
| 22 | 27 | 4. FEI Number 59-1929105 Applied For <input type="checkbox"/> Not Applicable |
| 23 City & State PANACEA FL | 28 City & State PANACEA FL | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 32346 | 25 Country WAKULLA | 29 Zip 32346 |
| | 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 **Jesse W. Davis**
82 Street Address (P.O. Box Number is Not Acceptable) **115 MASHES SANDS ROAD**
83
84 City **PANACEA** FL 85 Zip Code **32346**

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 *Jesse W. Davis* **Jesse W. DAVIS TREASURER** DATE **022899**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | POOLE, BURT |
| STREET ADDRESS | 41 BLUE CRAB LANE |
| CITY-ST-ZIP | PANACEA FL 32346 |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DAY, WILLIAM J |
| STREET ADDRESS | 58 SILVER AVRES |
| CITY-ST-ZIP | PANACEA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LOVE, RAYMOND |
| STREET ADDRESS | 18 LAKEWOOD DRIVE |
| CITY-ST-ZIP | PANACEA FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | JONES, HERMAN J |
| STREET ADDRESS | 28 AUTUMM LANE |
| CITY-ST-ZIP | PANACEA FL |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | POTTER, HARRY |
| STREET ADDRESS | 2675 SURF ROAD |
| CITY-ST-ZIP | PANACEA FL |
| TITLE | VPT <input checked="" type="checkbox"/> DELETE |
| NAME | WYANT, CHARLES W |
| STREET ADDRESS | 57 WAKULLA CIRLCE |
| CITY-ST-ZIP | PANACEA FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JERRY CHAMBERS |
| 1.3 STREET ADDRESS | 94 WAKULLA CIRCLE |
| 1.4 CITY-ST-ZIP | PANACEA, FL, 32346 |
| 2.1 TITLE | P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | WILLIAM DAY |
| 2.3 STREET ADDRESS | 58 SILVER AVRES DR. |
| 2.4 CITY-ST-ZIP | PANACEA, FL, 32346 |
| 3.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RAYMOND LOVE |
| 3.3 STREET ADDRESS | 18 LAKEWOOD DR. |
| 3.4 CITY-ST-ZIP | PANACEA, FL, 32346 |
| 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JONES, HERMAN J. |
| 4.3 STREET ADDRESS | 28 AUTUMM LANE |
| 4.4 CITY-ST-ZIP | PANACEA, FL, 32346 |
| 5.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | CAROL LYNN DAVIS |
| 5.3 STREET ADDRESS | 115 MASHES SANDS RD. |
| 5.4 CITY-ST-ZIP | PANACEA, FL, 32346 |
| 6.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Jesse W. DAVIS |
| 6.3 STREET ADDRESS | 115 MASHES SANDS RD |
| 6.4 CITY-ST-ZIP | PANACEA, FL, 32346 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *Jesse W. Davis* **Jesse W. DAVIS** DATE **022899** DAYTIME PHONE # **850-984-0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)