

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N43607 (3)**  
1. Corporation Name  
**NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED**



Principal Place of Business Mailing Address  
**JOE F. BRACEWELL. SECT.  
RTE. 2. BOX 860  
BLOUNTSTOWN FL 32424**

3. Date incorporated or Qualified **05/29/1991** 3a. Date of Last Report **03/20/1996**

|    |                                |                     |    |  |                                       |
|----|--------------------------------|---------------------|----|--|---------------------------------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number  | Applied For                           |
| 22 | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 27 | <b>59-3062266</b>  | Not Applicable                        |
| 23 | City & State                   | City & State        | 28 | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 24 | Zip                            | Country             | 29 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 25 |                                |                     | 30 | 6. 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                      |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>HOLLEY, JIMMY LEE<br/>RT. #2 BOX 998<br/>BLOUNTSTOWN FL 32424</b> |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |

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                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BLACKBURN, LLOYD</b>                  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>RT 2 BOX 819</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CONNELLY, CHRIS C.</b>                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>RT 2 BOX 959C</b>                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BURKETT, GREG</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 2 BOX 718</b>                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAVIS, EDDIE</b>                      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>ROUTE 2 BOX 720-D</b>                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ORVILLE, EBV</b>                      | 5.2 NAME  |   |
| STREET ADDRESS             | <b>RT 2 BOX 916-A</b>                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRACEWELL, JOE F.</b>                 | 6.2 NAME  |   |
| STREET ADDRESS             | <b>RT 2 BOX 860</b>                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BLOUNTSTOWN FL</b>                    | 6.4 CITY-ST-ZIP                                       |   |

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: *Joe F. Bracewell* **JOE F. BRACEWELL** 2-6-97 904-674-8155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DeVine Phone #0000000

CR2E037 (9/96)