

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>JOE F. BRACEWELL. SECT.<br/>RTE. 2. BOX 860<br/>BLOUNTSTOWN FL 32424</b> | Mailing Address<br><b>JOE F. BRACEWELL. SECT.<br/>RTE. 2. BOX 860<br/>BLOUNTSTOWN FL 32424</b> |
|--|--|

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>05/29/1991</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 4. FEI Number<br><b>59-3062266</b>   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |   |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

**9. Name and Address of Current Registered Agent**

**HOLLEY, JIMMY LEE  
RT. #2 BOX 998  
BLOUNTSTOWN FL 32424**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

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 Jimmy Lee Holley DATE 1-10-98

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

**12. OFFICERS AND DIRECTORS**

|                 |   |
|-----------------|---|
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME            | <b>BLACKBURN, LLOYD</b>                             |
| STREET ADDRESS  | <b>RT 2 BOX 819</b>                                 |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME            | <b>CONNELLY, CHRIS C.</b>                           |
| STREET ADDRESS  | <b>RT 2 BOX 959C</b>                                |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME            | <b>BURKETT, GREG</b>                                |
| STREET ADDRESS  | <b>RT. 2 BOX 718</b>                                |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME            | <b>DAVIS, EDDIE</b>                                 |
| STREET ADDRESS  | <b>ROUTE 2 BOX 720-D</b>                            |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |
| TITLE           | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>ORVILLE, EBY</b>                                 |
| STREET ADDRESS  | <b>RT 2 BOX 916-A</b>                               |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |
| TITLE           | <b>S</b> <input type="checkbox"/> DELETE            |
| NAME            | <b>BRACEWALL, JOE F.</b>                            |
| STREET ADDRESS  | <b>RT 2 BOX 860</b>                                 |
| CITY - ST - ZIP | <b>BLOUNTSTOWN FL</b>                               |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Brad Guilford</b>   |
| 1.3 STREET ADDRESS  | <b>P.O. Box 758 Highway 69N</b>  |
| 1.4 CITY - ST - ZIP | <b>Blountstown FL 32424</b>  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I 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 850-674-8155

CP2E037 (10/97)