

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43607

**FILED**  
**Mar 29, 2020**  
**Secretary of State**  
**3437876125CC**

**Entity Name:** NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED

**Current Principal Place of Business:**

20761 NE GUM ST  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

22641 NE GRADY BURKETT RD  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 59-3062266

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BREHM, WILLIAM H  
20469 NE CR 69A  
BLOUNTSTOWN, FL 32424 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 C  
Name BREHM, WILLIAM H  
Address 20469 NE CR 69A  
City-State-Zip: BLOUNTSTOWN FL 32424

Title D  
Name BURKETT, GREG  
Address 22641 NE GRADY BURKETT RD  
City-State-Zip: BLOUNTSTOWN FL 32424

Title AC  
Name BISHOP, TROY  
Address 19157 NE ELIJAH MORRIS ROAD  
City-State-Zip: BLOUNTSTOWN FL 32424

Title E  
Name CAVAN, HANNA  
Address 20828 NE GUM ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title FF  
Name BYRD, JIMMY  
Address 19028 NE WOODMONT RD  
City-State-Zip: BLOUNTSTOWN FL 32424

Title G  
Name HEMANES, JASON  
Address 15616 S MAIN ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title EMT  
Name TOLLEY, BLAKE  
Address 20497 NW FOLSOM AVE  
City-State-Zip: BLOUNTSTOWN FL 32424

Title EMT  
Name CARTER, AARON  
Address 20881 NW WENDY LN  
City-State-Zip: BLOUNTSTOWN FL 32424

**Continues on page 2**

*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:** GREG BURKETT

**D**

**03/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	FF
Name	WIGGINS, CHRISTOPHER
Address	17647 NE CHURCH ST
City-State-Zip:	BLOUNTSTOWN FL 32424