

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43607

**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:**

BYRD, JIMMY CHIEF  
22641 NE GRADY BURKETT RD  
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:** JIMMY BYRD

03/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FF  
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 CHIEF  
Name BYRD, JIMMY  
Address 19028 NE WOODMONT RD  
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

Title CHAPLIN  
Name HENSON, JOHN MICHAEL  
Address 14885 NW CIRCLE LANE  
City-State-Zip: ALTHA FL 32421

*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

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03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date