

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43607

**FILED  
Mar 20, 2015  
Secretary of State  
CC3720016951**

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

**Current Principal Place of Business:**

20761 NE GUM ST  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

20469 NE CR 69A  
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 S  
Name BISHOP, TROY  
Address 19157 NE ELIJAH MORRIS ROAD  
City-State-Zip: BLOUNTSTOWN FL 32424

Title AC  
Name HIRES, RICK  
Address 19119 ELIJAH MORRIS ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title T  
Name KIMBREL, JEFF  
Address 24347 NE CR 69A  
City-State-Zip: BLOUNTSTOWN FL 32424

Title S  
Name KNOWLES, TYLER  
Address 16581 NE MILINDA LANE  
City-State-Zip: BLOUNTSTOWN FL 32424

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

Title U  
Name PATE, JEREMY  
Address 20808 NE PINE ST  
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**

**03/20/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title V  
Name KNOWLES, BRIAN  
Address 16581 NE MILINDA LANE  
City-State-Zip: BLOUNTOWN FL 32424

Title W  
Name HEMANES, JASON  
Address 20574 NE LAMBERT ST  
City-State-Zip: BLOUNTSTOWN FL 32423