


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000002142</b>	
1. Entity Name <b>NETTLE RIDGE CEMETARY COMMITTEE, INC.</b>	

Principal Place of Business <b>20158 NE JOHN G. BRYANT RD BLOUNTSTOWN, FL 32424 US</b>	Mailing Address <b>20158 NE JOHN G. BRYANT RD BLOUNTSTOWN, FL 32424 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>11-3780370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>DANIELS, JA JR. 20158 NE JOHN G. BRYANT RD. BLOUNTSTOWN, FL 32424</b>
---

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 4, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>000000898952 04/29/08 00019 007 \$1.25</b>
---	---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, JA JR. 20158 NE JOHN G. BRYANT RD BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, PHILLIP W SR. 20257 NE BURNS AVE. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, CHARLES A 18664 NE 69 BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, JOHN T 18883 NE ROY GOLDEN RD BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARFIELD, JARROD 21103 NE MACEDONIA RD. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, PHILLIP 20221 NE BURNS AVE. BLOUNTSTOWN, FL 32424

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

**SIGNATURE:** J. A. Daniels **4/14/08** **850-674-5007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #