

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003145

**Entity Name:** ALTHA RECREATIONAL COMMITTEE, INC.**Current Principal Place of Business:**25354 NORTH MAIN STREET  
ALTHA, FL 32421**Current Mailing Address:**P.O. BOX 223  
ALTHA, FL 32421 US**FEI Number:** 27-2236501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EAGLESTON, SHANE M  
25354 N. MAIN STREET  
ALTHA, FL 32421 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:** SHANE M. EAGLESTON

02/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MCCRONE, SHERRY  
Address 23451 NW BLACKBOTTOM RD.  
City-State-Zip: ALTHA FL 32421

Title TREASURER  
Name UNDERWOOD, JULIE  
Address 19786 NW SUTTON CREEK DR  
City-State-Zip: BLOUNTSTOWN FL 32424

Title SECRETARY  
Name KITCHEN, AMY  
Address P.O. BOX 375  
City-State-Zip: ALTHA FL 32421

Title PRESIDENT  
Name EAGLESTON, SHANE M  
Address 25354 N. MAIN STREET  
City-State-Zip: ALTHA FL 32421

Title OFFICER  
Name GLOVER, ANTHONY  
Address 11661 NW LARAMORE RD  
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:** SHANE EAGLESTON

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date