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 M. EAGLESTON

I

Electronic Signature of Signing Officer/Director Detail

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			02/20/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	TREASURER		
Name	MATHEWS, WALTER A	Name	MATHEWS, TRACY N		
Address	17228 NW CREEK ROAD	Address	17228 NW CREEK ROAD		
City-State-Zip:	CLARKSVILLE FL 32430	City-State-Zip:	CLARKSVILLE FL 32430		
Title	CORRESPONDING SECRETARY	Title	PRESIDENT		
Name	ANDERSON, CAROL	Name	EAGLESTON, SHANE M		
Address	25806 MAIN STREET	Address	25354 N. MAIN STREET		
City-State-Zip:	ALTHA FL 32421	City-State-Zip:	ALTHA FL 32421		

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000003145

Entity Name: ALTHA RECREATIONAL COMMITTEE, INC.

Current Principal Place of Business:

17228 NW CREEK ROAD CLARKSVILLE, FL 32430

Current Mailing Address:

P.O. BOX 223 ALTHA, FL 32421 US

FEI Number: 27-2236501

Certificate of Status Desired: No

FILED Feb 20, 2016 Secretary of State CC6365069016

> 02/20/2016 Date

PRESIDENT