

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000003145

**Entity Name:** ALTHA RECREATIONAL COMMITTEE, INC.**Current Principal Place of Business:**11661 NW LARAMORE RD  
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:**ALTHA RECREATIONAL COMMITTEE  
11661 NW LARAMORE RD  
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 EAGLESTON

10/07/2021

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	19760 NW CR 275
City-State-Zip:	ALTHA FL 32421

Title	SECRETARY
Name	HILL, JESSICA L
Address	3158 SWAILLS ROAD
City-State-Zip:	ALFORD FL 32420

Title	PRESIDENT
Name	GLOVER, ANTHONY
Address	11661 NW LARAMORE RD.
City-State-Zip:	ALTHA FL 32421

Title	OFFICER
Name	ROWE, BOBBY
Address	14701 NW COUNTY RD. 274
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:** ANTHONY GLOVER

PRESIDENT

10/07/2021

Electronic Signature of Signing Officer/Director Detail

Date