


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 748344 1. Entity Name ALTHA FIRST BAPTIST CHURCH, INC.	
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Principal Place of Business 15660 NW CHIPOLA STREET ALTHA, FL 32421 US	Mailing Address P.O. BOX 205 ALTHA, FL 32421 US
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04232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2332146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEACOCK, DREW J
25283 NORTH MAIN STREET
PO BOX 145
ALTHA, FL 32421

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDORFF, MAXIE 24576 SR 71 N ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARTH, JEFF 9829 NW BEARS HEAD ROAD ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDORFF, JIM 15046 NW JP PEACOCK RD ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, DREW 25283 N MAIN STREET ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, DAVID 26443 BILL BAGGETT ROAD ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, RICHARD 12028 NW ARCHIE BROOKS DRIVE ALTHA, FL 32421

1000000336163
04/27/05-80114-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: RICHARD BROOKS
Richard Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 850-526-3580
Date Daytime Phone