

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748344**

1. Entity Name  
ALTHA FIRST BAPTIST CHURCH, INC.



Principal Place of Business  
15660 NW CHIPOLA STREET  
ALTHA, FL 32421 US

Mailing Address  
P.O. BOX 205  
ALTHA, FL 32421 US



04082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2332146	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 22947 NORTHWEST STATE ROAD 73 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, RICHARD 12028 NW ARCHIE BROOKS DRIVE ALTHA, FL 32421

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04/19/07-80004-021 61.25

**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 all other like empowered.

SIGNATURE: Richard Brooks RICHARD BROOKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07  
Date

850-209-2272  
Daytime Phone #