

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90034 015 ****61.25

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1. Entity Name
THE CHIPOLA PRIMITIVE BAPTIST CHURCH HERITAGE, INC.



Principal Place of Business
14963 N.W. J.P. PEACOCK RD. 25436 N. Main St. ALTHA, FL 32421

Mailing Address
14963 N.W. J.P. PEACOCK RD. ALTHA, FL 32421



07072006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
03-0440467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEACOCK, WILLIAM R
14963 N.W. J.P. PEACOCK RD.
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 September 6, 2006**

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 PEACOCK, WILLIAM R 14963 N.W. J.P. PEACOCK RD. ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLEBERRY, JOHN T 25396 N. MAIN ST. ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABLE, WAYNE 25186 N. MAIN ST. ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUP, BILL PO BOX 885 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PITTMAN, ELVIA 4845 ROOKS DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William R. Peacock 7-11-06 850-762-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #