


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003053	
1. Entity Name THE CHIPOLA PRIMITIVE BAPTIST CHURCH HERITAGE, INC.	

Principal Place of Business 25436 N. MAIN ST. ALTHA, FL 32421	Mailing Address 14963 N.W. J.P. PEACOCK RD. ALTHA, FL 32421
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04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0440467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 2633 CLEVELAND, TN 37320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PITTMAN, ELVIA 4845 ROOKS DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/16/07-80019-003-61.25

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: <i>William R. Peacock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-25-07 Date	850-742-4533 Daytime Phone #
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