

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90130 024 \*\*\*\*61.25

**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



04152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEACOCK, WILLIAM R  
STREET ADDRESS 14963 N.W. J.P. PEACOCK RD.  
CITY-ST-ZIP ALTHA, FL 32421

TITLE D  
NAME CASTLEBERRY, JOHN T  
STREET ADDRESS 25396 N. MAIN ST.  
CITY-ST-ZIP ALTHA, FL 32421

TITLE D  
NAME GABLE, WAYNE  
STREET ADDRESS 25186 N. MAIN ST.  
CITY-ST-ZIP ALTHA, FL 32421

TITLE D  
NAME CLOUP, BILL  
STREET ADDRESS PO BOX 2633  
CITY-ST-ZIP CLEVELAND, TN 37320

TITLE ST  
NAME PITTMAN, ELVIA  
STREET ADDRESS 4845 ROOKS DRIVE  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D  
NAME JAKE WHITFIELD  
STREET ADDRESS 3204 HORSESHOE TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08 850-762-4533

Date

Daytime Phone #