

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003053

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

25436 N. MAIN ST.
ALTHA, FL 32421

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0440467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, WILLIAM R
14963 N.W. J.P. PEACOCK RD.
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEACOCK, WILLIAM R
Address: 14963 N.W. J.P. PEACOCK RD.
City-St-Zip: ALTHA, FL 32421

Title: D () Delete
Name: CASTLEBERRY, JOHN T
Address: 25396 N. MAIN ST.
City-St-Zip: ALTHA, FL 32421

Title: D () Delete
Name: GABLE, WAYNE
Address: 25186 N. MAIN ST.
City-St-Zip: ALTHA, FL 32421

Title: D () Delete
Name: CLOUP, BILL
Address: PO BOX 2633
City-St-Zip: CLEVELAND, TN 37320

Title: ST () Delete
Name: PITTMAN, ELVIA
Address: 4845 ROOKS DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: WHITFIELD, JAKE
Address: 3204 HORSEHOE TRL
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEACOCK, JOEY
Address: 14917 NW JP PEACOCK ROAD
City-St-Zip: ALTHA, FL 32421

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLOUD, BILL
Address: PO BOX 2633
City-St-Zip: CLEVELAND, TN 37320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. PEACOCK

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date