

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09905**

1. Entity Name  
**ALETHEIA BIBLE CHURCH, INC.**



Principal Place of Business  
**100 NE 6TH AVE  
HOMESTEAD, FL 33030 US**

Mailing Address  
**PO BOX 92-4425  
PRINCETON, FL 33095-4425 US**



06112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1360653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUTTERMORE, SARAH  
14530 SW 284TH STREET  
LEISURE CITY, FL 33033**

**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

*Sarah M. Buttmore*

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

(NOTE: Registered Agent signature required when reinstating)

*6/30/08*

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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	T BUTTERMORE, SARAH 14530 SW 284TH STREET HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTISS, KEVIN E 100 NE 6 AVE LOT 606 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUTTERMORE, WILLIAM J 14530 SW 284 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVERMAN, MARK 26105 S W 193 AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/07/08-80002-019 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/30/08* *305 248*  
1423

Daytime Phone #