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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705881

1. Corporation Name
COLLEGE ROAD CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
3521 ST. JOHNS AVE. PALATKA FL 32177-4021	P.O. BOX 1371 PALATKA FL 32178-1371 US

2. Principal Place of Business 21 1600 TWIGG STREET	2a. Mailing Address 26 P.O. BOX 1371
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALATKA FLORIDA	City & State 28 PALATKA FLORIDA
Zip / Country 24 32177-4021 25 US	Zip / Country 29 32178-1371 30 US

3. Date Incorporated or Qualified: 07/10/1963
4. FEI Number: 59-2402705 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

WIMBERLY, SAM
190 RODDY ROAD
PALATKA FL 32177

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE SAM WIMBERLY Sam Wimberly 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIMBERLY, SAM 190 RODDY ROAD PALATKA FL 32177	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S OVERTURF, CHARLES RT 4, BOX 335 PALATKA, FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DUKES, HAROLD 3017 TWIGG STREET PALATKA FL 32177	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T SMITH, LAYTON RT 5 BOX 1831 PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OVERTUFF, CHARLE RT. 4, BOX 335 PALATKA FL 32177	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C OVERTUFF, C L 158 CONFEDERATE POINT ROAD PALATKA FL 32177	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOTT, GARY 2208 CANN STREET PALATKA FL 32177	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OVERTUFF, STEVE RT 4 BOX 314 PALATKA FL 32177	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SAM WIMBERLY Sam Wimberly 4-30-99 (904)325-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)