

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90134 020 \*\*\*\*70.00

**DOCUMENT # 705881**

1. Entity Name

**COLLEGE ROAD CHURCH OF CHRIST, INC.**

Principal Place of Business

**400 COLLEGE ROAD  
PALATKA FL 32177**

Mailing Address

**400 COLLEGE ROAD  
PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2402705**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WIMBERLY, SAM  
190 RODDY ROAD  
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | ST                | <input type="checkbox"/> Delete |
| NAME           | OVERTUFF, CHARLES |                                 |
| STREET ADDRESS | 112 SHERRI LANE   |                                 |
| CITY-ST-ZIP    | PALATKA FL 32177  |                                 |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | TD                  | <input type="checkbox"/> Delete |
| NAME           | WEAVER, BILL        |                                 |
| STREET ADDRESS | 164 RANCHETTE TRAIL |                                 |
| CITY-ST-ZIP    | PALATKA FL 32177    |                                 |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | C                          | <input type="checkbox"/> Delete |
| NAME           | OVERTUFF, C L              |                                 |
| STREET ADDRESS | 158 CONFEDERATE POINT ROAD |                                 |
| CITY-ST-ZIP    | PALATKA FL 32177           |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | LOTT, GARY       |                                 |
| STREET ADDRESS | 2208 CARR STREET |                                 |
| CITY-ST-ZIP    | PALATKA FL 32177 |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | OVERTUFF, STEVE  |                                 |
| STREET ADDRESS | 111 GRASSY LANE  |                                 |
| CITY-ST-ZIP    | PALATKA FL 32177 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. 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 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

Date

Daytime Phone #

CR2E037 (10/00)