2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 705881

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

Principal Place of Business	Mailing Address
400 COLLEGE ROAD PALATKA, FL 32177	400 COLLEGE ROAD PALATKA, FL 32177

01082004 No Chg-NP CR2E037 (10/03)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	OVERTURF, CHARLES
STREET ADDRESS	112 SHERRI LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	TD
NAME	WEAVER, BILL
STREET ADDRESS	164 RANCHETTE TRAIL
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	C
NAME	OVERTUFF, C L
STREET ADDRESS	158 CONFEDERATE POINT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	LOTT, GARY
STREET ADDRESS	2208 CARR STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	OVERTUFF, STEVE
STREET ADDRESS	111 GRASSY LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DS
NAME	BRINEMAN, DANNY
STREET ADDRESS	213 EAST LAR LANE
CITY-ST-ZIP	CRESCENT CITY, FL 32112

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01/13/04-80038-002 61.25

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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: Bill Weaver 1/8/04 (386)325-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #