


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 033 ****61.25

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 & State		City & State		01202005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2402705	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WIMBERLY, SAM 190 RODDY ROAD PALATKA, FL 32177			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERTURF, CHARLES		NAME		
STREET ADDRESS	112 SHERRI LANE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEAVER, BILL		NAME	Mason, Johnny Dir	
STREET ADDRESS	164 RANCHETTE TRAIL		STREET ADDRESS	1015 S. MOODY ROAD	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERTUFF, C L		NAME	Overturf, C.L.	
STREET ADDRESS	158 CONFEDERATE POINT ROAD		STREET ADDRESS	158 Confederate Point Road	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, Florida 32177	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOTT, GARY		NAME		
STREET ADDRESS	2208 CARR STREET		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERTUFF, STEVE		NAME	Overturf, Steve	
STREET ADDRESS	111 GRASSY LANE		STREET ADDRESS	111 Grassy Lane	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, Florida 32177	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINEMAN, DANNY		NAME		
STREET ADDRESS	213 EAST LAR LANE		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		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: <u>Charles L. Overturf, III</u>			Date: <u>2-6-2005</u>		Daytime Phone #: <u>386-3284880</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
CHARLES L. OVERTURF, III					