

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716886 (7)

1. Corporation Name

CAVERNS ROAD CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

CAVERNS & RIVER ROADS
P.O. BOX 144
MARIANNA FL 32446

CAVERNS & RIVER ROADS
P.O. BOX 144
MARIANNA FL 32446

3. Date Incorporated or Qualified
07/22/1969

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2428029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELAFAVE, JIM
4895 DOGWOOD DR.
MARIANNA FL 32446

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

James Jim Delafave

James Delafave

4/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME LEWIS, CLIFFORD
STREET ADDRESS 2961 DOGWOOD ST
CITY - ST - ZIP MARIANNA FL

TITLE D ☐ DELETE

NAME WILLIAMS, COBA
STREET ADDRESS 2773 BRENDA STREET
CITY - ST - ZIP MARIANNA FL

TITLE V ☐ DELETE

NAME REESE, CLAUDE
STREET ADDRESS 4133 BRYAN STREET
CITY - ST - ZIP GREENWOOD FL

TITLE P ☐ DELETE

NAME ANDERSON, GEORGE
STREET ADDRESS 1095 CHURCH STREET
CITY - ST - ZIP MARIANNA FL

TITLE D ☐ DELETE

NAME SWAILS, JIM
STREET ADDRESS 2998 CALEDONIA ST
CITY - ST - ZIP MARIANNA FL

TITLE D ☐ DELETE

NAME STEWART, WILLARD
STREET ADDRESS 4421 MAGNOLIA RD
CITY - ST - ZIP MARIANNA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James L. Swails

4-21-96

Date

904 526 4690

Daytime Phone #

CR2E037 (12/95)