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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2428029

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

CLAUDE REESE

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

4133 BRYAN STREET

83

84 City

GREENWOOD

FL

85 Zip Code  
32443

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

*Claude Reese*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE

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

S

PELHAM, JAMES

2696 CHOCTAW TRAIL

MARIANNA FL 32446

D

SWAILS, JIM

2998 CALEDONIA ST

MARIANNA FL 32446

D

HILL, AMOS

5101 BLUE SPRINGS ROAD

MARIANNA FL 32446

D

LANE, EDDIE

4027 CHARLES DRIVE

MARIANNA FL 32448

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.

SIGNATURE: *George Anderson*

3/29/98 850-762-3393

CR2E037 (10/97)