

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90150 022 ****61.25

DOCUMENT # 716886

1. Corporation Name

CAVERNS ROAD CHURCH OF CHRIST, INC.

Principal Place of Business

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

Mailing Address

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

330078 - 90150 - 22



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

07/22/1969

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

9. Name and Address of Current Registered Agent

**DELAFAVE, JIM
4895 DOGWOOD DR.
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

81 Name **Reese, Claude**

82 Street Address (P.O. Box Number is Not Acceptable)
4133 Bryan Street

84 City **Greenwood**

85 Zip Code
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

7/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S PELHAM, JAMES**
STREET ADDRESS **2696 CHOCTAW TRAIL**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ DELETE
NAME **D HILL, AMOS**
STREET ADDRESS **5101 BLUE SPRINGS ROAD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ DELETE
NAME **V REESE, CLAUDE**
STREET ADDRESS **4133 BRYAN STREET**
CITY-ST-ZIP **GREENWOOD FL**

TITLE ☐ DELETE
NAME **P ANDERSON, GEORGE**
STREET ADDRESS **1095 CHURCH STREET**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **D SWAILS, JIM**
STREET ADDRESS **2998 CALEDONIA ST**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **D 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 **D**
1.3 STREET ADDRESS **Cliff Lewis**
1.4 CITY-ST-ZIP **2961 Dogwood Street**
Marianna FL 32446

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Carr, Bennie**
5.4 CITY-ST-ZIP **P. O. Box 87**
Cypress, FL 32436

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Lacy, Steve**
6.4 CITY-ST-ZIP **2131 Aaron Avenue**
Grand Ridge, FL 32442

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, with all other like empowered.

SIGNATURE: **George M. Harris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

850-762-3393

Date

Daytime Phone #

CR2E037 (11/98)