

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716886

1. Entity 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 32447-0144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2428029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REESE, CLAUDE
4133 BRYAN ST
GREENWOOD FL 32446

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE S ☒ Change ☐ Addition
NAME CARR, BENNIE
STREET ADDRESS P.O. BOX 87
CITY-ST-ZIP CYPRESS, FL 32436

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

TITLE D ☒ Change ☐ Addition
NAME BROWN, ROBBIE
STREET ADDRESS 906 GOREVILLE AVENUE
CITY-ST-ZIP ALFORD, FL 32420

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

TITLE V ☒ Change ☐ Addition
NAME PELHAM, JAMES
STREET ADDRESS 2696 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA, FL 32446

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

TITLE P ☒ Change ☐ Addition
NAME LEWIS, CLIFF
STREET ADDRESS 2961 DOGWOOD STREET
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D ☐ Delete
NAME LEWIS, CLIFF
STREET ADDRESS 2961 DOGWOOD ST
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☒ Change ☐ Addition
NAME LACY, STEVE
STREET ADDRESS 2131 AARON AVENUE
CITY-ST-ZIP MARIANNA, FL 32442

TITLE D ☐ Delete
NAME LACY, STEVE
STREET ADDRESS 2131 AARON AVE
CITY-ST-ZIP MARIANNA FL 32442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90162 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)