

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90106 038 ****61.25

0018643

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 32446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2428029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE NAME ☐ Change ☒ Addition
P James Pelham
STREET ADDRESS **2696 Choctaw Trail, Marianna, FL**
CITY-ST-ZIP **2696 Choctaw Trail, Marianna, FL**

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

TITLE NAME ☐ Change ☒ Addition
V Dennis Fiss
STREET ADDRESS **5128 Presidents Circle**
CITY-ST-ZIP **Marianna, FL 32446**

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

TITLE NAME ☐ Change ☒ Addition
S Bennie Carr
STREET ADDRESS **P O Box 87**
CITY-ST-ZIP **Cypress FL 32436**

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

TITLE NAME ☐ Change ☒ Addition
T Donnie Hall
STREET ADDRESS **1041 Church Street, Marianna FL 3244**
CITY-ST-ZIP **1041 Church Street, Marianna FL 3244**

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

TITLE NAME ☐ Change ☒ Addition
D Glen Hoff
STREET ADDRESS **2633 Choctaw Trail**
CITY-ST-ZIP **Marianna FL 32446**

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

TITLE NAME ☐ Change ☐ Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2001 **850 526-3318**
Date Daytime Phone #

CR2E037 (10/00)