

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716886

1. Entity Name

CAVERNS ROAD CHURCH OF CHRIST, INC.

**FILED**  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90006 045 \*\*\*\*61.25

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

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)

27 Jan 2001  
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 P  
NAME PELHAM, JAMES ☒ Delete  
STREET ADDRESS 2696 CHOCTAW TRAIL  
CITY-ST-ZIP MARIANNA FL 32446

TITLE President ☐ Change ☒ Addition  
NAME Dennis Fiss  
STREET ADDRESS 5128 President Circle  
CITY-ST-ZIP Marianna FL 32446

TITLE V  
NAME FISS, DENNIS ☒ Delete  
STREET ADDRESS 5128 PRESIDENTS CIRCLE

TITLE VICE P ☐ Change ☒ Addition  
NAME Michael McLean  
STREET ADDRESS 1583 Tennessee ST  
CITY-ST-ZIP Marianna FL 32446

TITLE S  
NAME CARR, BENNIE ☒ Delete  
STREET ADDRESS PO BOX 87  
CITY-ST-ZIP CYPRESS FL 32436

TITLE Sec. ☐ Change ☐ Addition  
NAME Bill Booth  
STREET ADDRESS 24740 NW County Road 73A  
CITY-ST-ZIP Altha FL 32421

TITLE T  
NAME HALL, DONNIE ☒ Delete  
STREET ADDRESS 1041 CHURCH STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE T ☐ Change ☒ Addition  
NAME Douglas Stewart  
STREET ADDRESS 2835 McPherson St  
CITY-ST-ZIP Marianna FL 32446

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

TITLE D ☐ Change ☒ Addition  
NAME James Pelham  
STREET ADDRESS 2696 Choctaw TR  
CITY-ST-ZIP Marianna FL 32446

TITLE D ☒ Delete  
NAME HOFF, GLEN  
STREET ADDRESS 2633 CHOCTAW TRAIL  
CITY-ST-ZIP MARIANNA FL 32446

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

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:

*James Pelham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Pelham

850 526-3318

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
DH 216886  
B0022506

D  
Robby Brown  
906 Goreville Avenue  
Alford FL 32420

Addition