


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90313 037 \*\*\*\*61.25

<b>DOCUMENT # 716886</b> 1. Entity Name <b>CAVERNS ROAD CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>CAVERNS &amp; RIVER ROADS</b> <b>P.O. BOX 144</b> <b>MARIANNA, FL 32446</b>			Mailing Address <b>P.O. BOX 144</b> <b>MARIANNA, FL 32446</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>REESE, CLAUDE</b> <b>4133 BRYAN ST</b> <b>GREENWOOD, FL 32446</b>			Name <u>Glenn Hoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>2633 Choctaw Trail</u>  City <u>Marianna</u> <b>FL</b> Zip Code <u>32446</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Glenn Hoff</u>		Glenn Hoff, Registered Agent		4/9/04	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, MICHAEL		NAME	Robby Brown	
STREET ADDRESS	1583 TENNESSEE STREET		STREET ADDRESS	906 Goreville Avenue	
CITY-ST-ZIP	ALFORD, FL 32420		CITY-ST-ZIP	Alford, FL, 32420	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, RAY		NAME	Michael McLean	
STREET ADDRESS	4638 BALES DR		STREET ADDRESS	1583 Tennesse Street	
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP	Alford, FL 32420	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, BENNIE		NAME		
STREET ADDRESS	PO BOX 87		STREET ADDRESS		
CITY-ST-ZIP	CYPRESS, FL 32436		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAILS, JIM		NAME		
STREET ADDRESS	2998 CALEDONIA STREET		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CLIFF		NAME		
STREET ADDRESS	2961 DOGWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DOUGLAS		NAME		
STREET ADDRESS	2835 MCPHERSON STREET		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		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

Cliff Lewis, Sec.

Date

850-482-1035  
Daytime Phone #