

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716886

FILED
Apr 10, 2006
Secretary of State

Entity Name: CAVERNS ROAD CHURCH OF CHRIST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 144
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-2428029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFF, GLENN
2633 CHOCTAW TRAIL
GREENWOOD, FL 32446 US

Name and Address of New Registered Agent:

HOFF, GLENN
2633 CHOCTAW TRAIL
MARIANNA, FL 32446 US

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:

04/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, ROBBY
Address: 906 GOREVILLE AVE
City-St-Zip: ALFORD, FL 32420

Title: V () Delete
Name: MCLEAN, MICHAEL
Address: 1583 TENNESSE STREET
City-St-Zip: ALFORD, FL 32420

Title: D () Delete
Name: CARR, BENNIE
Address: PO BOX 87
City-St-Zip: CYPRESS, FL 32436

Title: D () Delete
Name: SWAILS, JIM
Address: 2998 CALEDONIA STREET
City-St-Zip: MARIANNA, FL 32446

Title: S () Delete
Name: LEWIS, CLIFF
Address: 2961 DOGWOOD ST
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: STEWART, DOUGLAS
Address: 2835 MCPHERSON STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARDS, JOEL
Address: 2663 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD E. LEWIS

S

04/10/2006

Electronic Signature of Signing Officer or Director

Date