

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716886

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** CAVERNS ROAD CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

CAVERNS & RIVER ROADS  
4448 RIVER ROAD  
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  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: V ( ) Delete  
Name: PELHAM, JAMES  
Address: 2696 CHOCTAW TRAIL  
City-St-Zip: MARIANNA, FL 32446

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

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

Title: D ( ) Delete  
Name: SWEET, ROLAND  
Address: 5787 DOZIER RD  
City-St-Zip: GREENWOOD, FL 32443

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: HALL, DONNE  
Address: 1041 CHURCH STREET  
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 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

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date