FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jun 23, 2003 8:00 am Secretary of State **DOCUMENT # 716886** 06-23-2003 90057 041 \*\*\*\*61.25 1. Entity Name CAVERNS ROAD CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address **CAVERNS & RIVER ROADS CAVERNS & RIVER ROADS** P.O. BOX 144 P.O. BOX 144 MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business Mailing Address P.D. Box COVERNS & KIVER CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 59-2428029 City & State Applied For MARIANNA Marianna Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REESE. CLAUDE Street Address (P.O. Box Number is Not Acceptable) 4133 BRYAN ST **GREENWOOD FL 32446** 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be -, FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE Change ☐ Addition MCLEAN, MICHAEL PELHAM, JAMES NAME 1583 TENNESSEE ST STREET ADDRESS 2696 CHOCTAW TRAIL STREET ADDRESS **ALFORD FL 32420** CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE Delete TITLE Change ☐ Addition **BUCHANAN, RAY** FISS, DENNIS NAME NAME 4638 BALES DR STREET ADDRESS STREET ADDRESS 5128 PRESIDENTS CIRCLE **MARIANNA FL 32446** CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE ☐ Delete TITLE ☐ Change Addition **LEWIS, CLIFF** CARR, BENNIE NAME NAME 2961 DOGWOOD ST STREET ADDRESS STREET ADDRESS **PO BOX 87 MARIANNA FL 32446** CITY-ST-ZIP CITY-ST-7IP CYPRESS FL 32436 TITLE ☐ Delete TITLE Change ☐ Addition SWAILS, JIM STEWART, DOUGLAS NAME NAME 2998 CALEDONIA ST STREET ADDRESS STREET ADDRESS 2835 MCPHERSON STREET **MARIANNA FL 32448** CITY-ST-ZIP CITY-ST-ZIE MARIANNA FL 32446 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEWART, DOUGLAS NAME LEWIS, CLIFF NAME 2835 MCPHERSON ST 2961 DOGWOOD ST STREET ADDRESS STREET ADDRESS **MARIANNA FL 32446** CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE Delete TITLE ☐ Change ☐ Addition **CARR, BENNIE** NAME PELHAM, JAMES NAME P.O. BOX 87 STREET ADDRESS 2696 CHOCTAV STREET ADDRESS CYPRESS FL 32436 CITY-ST-ZIP MARIANNA FL 32446

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: