

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

07-30-2003 90069 005 ***61.25
716886

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716886

1. Entity Name

CAVERNS ROAD CHURCH OF CHRIST, INC.



Principal Place of Business
CAVERNS & RIVER ROADS
P.O. BOX 144
MARIANNA FL 32446

Mailing Address
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	PELHAM, JAMES	
STREET ADDRESS	2696 CHOCTAW TRAIL	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	P	Delete
NAME	FISS, DENNIS	
STREET ADDRESS	5128 PRESIDENTS CIRCLE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	Delete
NAME	CARR, BENNIE	
STREET ADDRESS	PO BOX 87	
CITY-ST-ZIP	CYPRESS FL 32436	
TITLE	T	Delete
NAME	STEWART, DOUGLAS	
STREET ADDRESS	2835 MCPHERSON STREET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	Delete
NAME	LEWIS, CLIFF	
STREET ADDRESS	2961 DOGWOOD ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	Delete
NAME	PELHAM, JAMES	
STREET ADDRESS	2696 CHOCTAV	
CITY-ST-ZIP	MARIANNA FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Change	Addition
NAME	Michael McLean		
STREET ADDRESS	1583 Tennessee Street		
CITY-ST-ZIP	Alford FL 32420		
TITLE	VP	Change	Addition
NAME	Ray Buchanan		
STREET ADDRESS	4638 Bales Drive		
CITY-ST-ZIP	Marianna FL 32446		
TITLE	S	Change	Addition
NAME	Cliff Lewis		
STREET ADDRESS	2961 Dogwood Street		
CITY-ST-ZIP	Marianna, FL 32446		
TITLE	D	Change	Addition
NAME	Jim Swails		
STREET ADDRESS	2998 Caledonia Street		
CITY-ST-ZIP	Marianna FL 32446		
TITLE	D	Change	Addition
NAME	Douglas Stewart		
STREET ADDRESS	2835 McPherson Street		
CITY-ST-ZIP	Marianna FL 32446		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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:

Cliff Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

850 482-1035

Daytime Phone #

CR2E037 (4/03)