

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716886

**Entity Name:** CAVERNS ROAD CHURCH OF CHRIST, INC.**Current Principal Place of Business:**CAVERNS & RIVER ROADS  
4448 RIVER ROAD  
MARIANNA, FL 32446**Current Mailing Address:**P.O. BOX 144  
MARIANNA, FL 32447 US**FEI Number:** 59-2428029**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HALL, DONNIE
Address	1008 CHURCH STREET
City-State-Zip:	MARIANNA FL 32448

Title	V
Name	WARDEN , BRAD
Address	4812 DEAN ROAD
City-State-Zip:	MARIANNA FL 32448

Title	S
Name	HALL, JUSTIN
Address	1095 CHURCH STREET
City-State-Zip:	MARIANNA FL 32448

Title	D
Name	CARR, BENNIE
Address	P.O. BOX 87
City-State-Zip:	CYPRESS FL 32436

Title	D
Name	REGISTER, DAVID
Address	4848 PIANO ROAD
City-State-Zip:	GRACEVILLE FL 32440

Title	DIRECTOR
Name	ANDERSON , BRANDON
Address	1254 CHURCH STREET
City-State-Zip:	MARIANNA FL 32438

I hereby 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 all other like empowered.

**SIGNATURE:** JUSTIN HALL

S

02/25/2025

Electronic Signature of Signing Officer/Director Detail

Date