2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 1

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # 738150 __ 1. Entity Name 02-06-2004 90018 006 ****61.25 CALLAHAN EVANGELISTIC CENTER, INC. Principal Place of Business Mailing Address STATE ROAD 108 STATE ROAD 108 7546 RIVER ROAD CALLAHAN FL 32011 7546 RIVER ROAD CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address 01322 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1722863 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П assau Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, DAVID D. Address (P.O. Box Number is Not Acceptable) 7546 RIVER ROAD CALLAHAN FL 32011 ^{Zig Code} 3ටර*l* a 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete David D. Smith, Jr. TITLE TITLE SMITH, DAVID D..JR. NAME NAME 4831-1 Greenland Road 4354 GRAN MEADOWS LANE S STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP Jacksonville, FL CITY-ST-ZIP Ruby 43227 ☐ Delete TITLE Change Addition TITLE SMITH, RUBY J. NAME NAME 5413 RATLIFF ROAD STREET ADORESS STREET ADDRESS CALLAHAN FL 32011 Callahan FL. 32011 CITY-ST-ZIP CITY-ST-7F Change TITLE ☐ Delete TITLE ☐ Addition Marilyn Armstrong NAME ARMSTRONG, MARILYN -NAME 450829 SR 200 3779 STATE ROAD 200 STREET ADDRESS STREET ADDRESS Callahan, CALLAHAN FL 32011 とに ろめのり CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE lester Smith hoad SMITH, LESTER F. NAME NAME 613226 7546 RIVER ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE znda SMITH, LYNDA C NAME MAME river Awad 7546 RIVER ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITL F ☐ Delete Change TITLE SMITH, DAVID D NAME NAME 7546 RIVER ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-7IP 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.

MC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2.2-04