2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 738150

1. Entity Name
CALLAHAN EVANGELISTIC CENTER, INC.

Principal Place of Business	Mailing Address
613220 RIVER RD. C CALLAHAN, FL 32011	613220 RIVER RD. C CALLAHAN, FL 32011

01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1722863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID D.
613220 RIVER RD.
CALLAHAN, FL 32011

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, DAVID D.,JR.
STREET ADDRESS	4831-1 GREENLAND RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	D
NAME	SMITH, RUBY
STREET ADDRESS	43227 RATCLIFF RD.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	ARMSTRONG, MARILYN
STREET ADDRESS	450829 SR 200
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	SMITH, LESTER F.
STREET ADDRESS	613220 RIVER RD.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	SMITH, LYNDA C
STREET ADDRESS	613220 RIVER RD.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	TP
NAME	SMITH, DAVID D
STREET ADDRESS	613220 RIVER RD.
CITY-ST-ZIP	CALLAHAN, FL 32011

UNDERWRITER
01/25/06-80010-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rev. David D. Smith 1-17-06 (904) 879-37[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #