

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738150

Entity Name: CALLAHAN EVANGELISTIC CENTER, INC.**Current Principal Place of Business:**613220 RIVER RD.
CALLAHAN, FL 32011**Current Mailing Address:**613220 RIVER ROAD
CALLAHAN, FL 32011**FEI Number:** 59-1722863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, DAVID D.
613220 RIVER RD.
CALLAHAN, FL 32011 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	D
Name	SMITH, LESTER F
Address	10717 ACADEMY PARK DRIVE
City-State-Zip:	JACKSONVILLE FL 32218
Title	D
Name	DOMINGO, ANGELA
Address	14178 SUMMER BREEZE DRIVE, EAST
City-State-Zip:	JAKSONVILLE FL 32218
Title	D
Name	SMITH, LYNDA C
Address	613220 RIVER RD.
City-State-Zip:	CALLAHAN FL 32011

Title	D
Name	SMITH, RUBY
Address	43227 RATCLIFF RD.
City-State-Zip:	CALLAHAN FL 32011
Title	D
Name	DOMINGO, PAUL D
Address	14178 SUMMER BREEZE DRIVE, EAST
City-State-Zip:	JACKSONVILLE FL 32218
Title	TP
Name	SMITH, DAVID D
Address	613220 RIVER RD.
City-State-Zip:	CALLAHAN FL 32011

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: DAVID D. SMITH**PASTOR****01/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date