

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738150 (2)

1. Corporation Name

CALLAHAN EVANGELISTIC CENTER, INC.

Principal Place of Business

Mailing Address

STATE ROAD 108
ROUTE 1, BOX 1428
CALLAHAN FL 32011

STATE ROAD 108
ROUTE 1, BOX 1428
CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1977

3a. Date of Last Report

02/26/1996

4. FEI Number

59-1722863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SMITH, DAVID D.
STATE ROAD 108
CALLAHAN FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMITH, DAVID D., JR.
STREET ADDRESS RT. 1, BOX 1428
CITY - ST - ZIP CALLAHAN FL

TITLE ☐ DELETE

NAME SMITH, RUBY J.
STREET ADDRESS RT. 3, BOX 1484
CITY - ST - ZIP CALLAHAN FL

TITLE ☐ DELETE

NAME ARMSTRONG, MARILYN
STREET ADDRESS RT. 2, BOX 1255
CITY - ST - ZIP CALLAHAN, FL 00000

TITLE ☐ DELETE

NAME SMITH, LESTER F.
STREET ADDRESS RT. 3, BOX 1484
CITY - ST - ZIP CALLAHAN FL

TITLE ☐ DELETE

NAME SMITH, LYNDIA C
STREET ADDRESS RT. 1, BOX 1428
CITY - ST - ZIP CALLAHAN, FL 00000

TITLE ☐ DELETE

NAME SMITH, DAVID D
STREET ADDRESS RT. 1, BOX 1428
CITY - ST - ZIP CALLAHAN, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

FILED

Aug 11 1997 8:00am

Secretary of State