

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90120 033 \*\*\*\*61.25

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**DOCUMENT # 738150**

1. Corporation Name

**CALLAHAN EVANGELISTIC CENTER, INC.**

Principal Place of Business

STATE ROAD 108  
ROUTE 1, BOX 1428  
CALLAHAN FL 32011

Mailing Address

STATE ROAD 108  
ROUTE 1, BOX 1428  
CALLAHAN FL 32011



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 **7546 River Road**  
23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **7546 River Road**  
28 City & State

3. Date Incorporated or Qualified

**02/21/1977**

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

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

TITLE ☐ DELETE  
NAME **D SMITH, RUBY J.**  
STREET ADDRESS **RT. 3, BOX 1484**  
CITY-ST-ZIP **CALLAHAN FL**

TITLE ☐ DELETE  
NAME **D ARMSTRONG, MARILYN**  
STREET ADDRESS **RT. 2, BOX 1255**  
CITY-ST-ZIP **CALLAHAN, FL 00000**

TITLE ☐ DELETE  
NAME **D SMITH, LESTER F.**  
STREET ADDRESS **RT. 3, BOX 1484**  
CITY-ST-ZIP **CALLAHAN FL**

TITLE ☐ DELETE  
NAME **D SMITH, LYNDA C**  
STREET ADDRESS **RT. 1, BOX 1428**  
CITY-ST-ZIP **CALLAHAN, FL 00000**

TITLE ☐ DELETE  
NAME **TP 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Rev. David D. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 (904) 879-3796  
Date Daytime Phone #

CR2E037 (11/98)