

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738150

1. Entity Name

CALLAHAN EVANGELISTIC CENTER, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90107 033 ****61.25

Principal Place of Business
STATE ROAD 108
7546 RIVER ROAD
CALLAHAN FL 32011

Mailing Address
STATE ROAD 108
7546 RIVER ROAD
CALLAHAN FL 32011-6212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1722863

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID D.
STATE ROAD 108
CALLAHAN FL

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor
David D. Smith

4-3-00

(904) 355-3536

Date

Daytime Phone #

CR2E037 (9/99)