

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90123 002 ****61.25

DOCUMENT # 738150

1. Entity Name

CALLAHAN EVANGELISTIC CENTER, INC.

LA

Principal Place of Business

STATE ROAD 108
 7546 RIVER ROAD
 CALLAHAN FL 32011

Mailing Address

STATE ROAD 108
 7546 RIVER ROAD
 CALLAHAN FL 32011

A0076433



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)

7546 River Road
Callahan, Florida

City

FL

Zip Code

32011

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

Rev. David D. Smith

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

(NOTE: Registered Agent signature required when reinstating)

July 5, 2001

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D., JR.	
STREET ADDRESS	RT. 1, BOX 1428	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RUBY J.	
STREET ADDRESS	RT. 3, BOX 1484	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, MARILYN	
STREET ADDRESS	RT. 2, BOX 1255	
CITY-ST-ZIP	CALLAHAN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LESTER F.	
STREET ADDRESS	RT. 3, BOX 1484	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LYNDA C	
STREET ADDRESS	RT. 1, BOX 1428	
CITY-ST-ZIP	CALLAHAN, FL 00000	
TITLE	TP	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D	
STREET ADDRESS	RT. 1, BOX 1428	
CITY-ST-ZIP	CALLAHAN, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>4354 Gran Meadows Lane, S.</i>	
STREET ADDRESS	<i>Jacksonville, Florida</i>	
CITY-ST-ZIP	<i>32258</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>5413 Ratliff Road</i>	
STREET ADDRESS	<i>32011</i>	
CITY-ST-ZIP	<i>32011</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>3779 State Road 200</i>	
STREET ADDRESS	<i>32011</i>	
CITY-ST-ZIP	<i>32011</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>7546 River Road</i>	
STREET ADDRESS	<i>32011</i>	
CITY-ST-ZIP	<i>32011</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>7546 River Road</i>	
STREET ADDRESS	<i>32011</i>	
CITY-ST-ZIP	<i>32011</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>7546 River Road</i>	
STREET ADDRESS	<i>32011</i>	
CITY-ST-ZIP	<i>32011</i>	

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:

Rev. David D. Smith

July 5, 2001

CR2E037 (5/01)