

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738150

1. Entity Name

CALLAHAN EVANGELISTIC CENTER, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90057 011 ****61.25

Principal Place of Business

Mailing Address

STATE ROAD 108
7546 RIVER ROAD
CALLAHAN FL 32011

STATE ROAD 108
7546 RIVER ROAD
CALLAHAN FL 32011

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID D.
7546 RIVER ROAD
CALLAHAN FL 32011

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 ☐ Delete
NAME SMITH, DAVID D.,JR.
STREET ADDRESS 4354 GRAN MEADOWS LANE S
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE D ☐ Delete
NAME SMITH, RUBY J.
STREET ADDRESS 5413 RATUFF ROAD
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE D ☐ Delete
NAME ARMSTRONG, MARILYN
STREET ADDRESS 3779 STATE ROAD 200
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE D ☐ Delete
NAME SMITH, LESTER F.
STREET ADDRESS 7546 RIVER ROAD
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE D ☐ Delete
NAME SMITH, LYNDA C
STREET ADDRESS 7546 RIVER ROAD
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE TP ☐ Delete
NAME SMITH, DAVID D
STREET ADDRESS 7546 RIVER ROAD
CITY-ST-ZIP CALLAHAN FL 32011

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: *Resignation Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02

Date

(904) 879-3796

Daytime Phone #

CR2E037 (9/01)