

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90068 019 ****61.25

DOCUMENT # 738150

1. Entity Name

CALLAHAN EVANGELISTIC CENTER, INC.



Principal Place of Business

**613220 RIVER RD.
C
CALLAHAN FL 32011**

Mailing Address

**613220 RIVER RD.
C
CALLAHAN FL 32011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1722863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DAVID D.
613220 RIVER RD.
CALLAHAN FL 32011**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D., JR.	
STREET ADDRESS	4831-1 GREENLAND RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RUBY J.	
STREET ADDRESS	43227 RATCLIFF RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, MARILYN	
STREET ADDRESS	450829 SR 200	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LESTER F.	
STREET ADDRESS	613220 RIVER RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LYNDA C	
STREET ADDRESS	613220 RIVER RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	TP	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D	
STREET ADDRESS	613220 RIVER RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	David Smith, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	43107 smitty Road	
STREET ADDRESS	Callahan, FL 32011	
CITY-ST-ZIP		
TITLE	Ruby Smith	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	43227 Ratcliff Road	
STREET ADDRESS	Callahan, FL 32011	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David D. Smith, pastor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05