


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

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
--	--



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1722863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, DAVID D. 613220 RIVER RD. CALLAHAN, FL 32011
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when refiling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, DAVID D., JR. 4831-1 GREENLAND RD. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, RUBY 43227 RATCLIFF RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, MARILYN 450829 SR 200 CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LESTER F. 613220 RIVER RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LYNDIA C 613220 RIVER RD. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TP SMITH, DAVID D 613220 RIVER RD. CALLAHAN, FL 32011

01/25/06-80010-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-17-06 (904) 879-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #