

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # *N92000000052*

1. Entity Name  
*Smith Chapel AOH Church, Inc.*

00 MAY 18 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
*4085 Bothwell Ter  
Tallahassee, FL  
32311*

Mailing Address  
*4085 Bothwell Ter  
Tallahassee, FL  
32311*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE *05/02/00 90117015 #61.25*

4. FEI Number  
*59-3152244*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
*Abe Johnson, JR.  
4085 Bothwell Terrace  
Tallahassee, FL 32311*

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 <i>PM</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Abe JR 4085 Bothwell Terrace Tallahassee, FL 32311</i> <input type="checkbox"/> Delete
TITLE <i>VD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Dorek 4085 Bothwell Terrace Tallahassee, FL 32311</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Sandra Lee 239 14th ST Apalachicola, FL 32322</i> <input checked="" type="checkbox"/> Delete
TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Tanner, Anna Bell 248 6th ST Apalachicola, FL 32322</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>PM/D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Abe Johnson (PM/D) 4085 Bothwell Terrace Tallahassee, FL 32311</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>FTD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Mittie P. Johnson 4085 Bothwell Terrace Tallahassee, FL 32311</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Abe Johnson* *5/18/00*

CR2E037 (9/99)