

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000052 (2)**  
1. Corporation Name

**SMITH CHAPEL AOH CHURCH, INC.**



Principal Place of Business: **239 14TH ST APALACHICOLA FL 32320**  
Mailing Address: **239 14TH ST APALACHICOLA FL 32320**

3. Date Incorporated or Qualified: **10/26/1992**  
3a. Date of Last Report: **03/03/1995**  
4. FEI Number: **59-3152244**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **28** Country: **30**

9. Name and Address of Current Registered Agent  
**JONSON, ABE D  
4085 BOTHWELL TERRACE  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
**81 Name: JOHNSON, ABE, JR.  
82 Street Address (P.O. Box Number is Not Acceptable): 4085 BOTHWELL TERRACE  
83  
84 City: TALLAHASSEE FL 85 Zip Code: 32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Abbe Johnson Jr.* (NOTE: Registered Agent signature required when reinstating) DATE: **4/13/96**

12. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> DELETE
NAME	JOHNSON, ABE JR.	
STREET ADDRESS	4085 BOTHWELL TERRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ABE JR.	
STREET ADDRESS	4085 BOTHWELL TERRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SANDRA LEE	
STREET ADDRESS	239 14TH STREET	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANNER, ANNA BELL	
STREET ADDRESS	1620 HOLLYWOOD ROAD N.W. 10E	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001800388</b>
5.3 STREET ADDRESS	<b>-04/30/96--01011--001</b>
5.4 CITY-ST-ZIP	<b>***70.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Abbe Johnson Jr.* DATE: **4/5/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ABE JOHNSON JR.** DAYTIME PHONE #: **904-656-6815**

CR2E037 (12/95)