

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3152244

Applied For

Not Applicable

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

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 617.1506, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

abe jonson
Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reappointing)

4/13/96
DATE

12. OFFICERS AND DIRECTORS

TITLE

PM

☐ DELETE

NAME

JOHNSON, ABE JR.

STREET ADDRESS

4085 BOTHWELL TERRACE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

VD

☐ DELETE

NAME

JOHNSON, ABE JR.

STREET ADDRESS

4085 BOTHWELL TERRACE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

STD

☐ DELETE

NAME

JOHNSON, SANDRA LEE

STREET ADDRESS

239 14TH STREET

CITY - ST - ZIP

APALACHICOLA FL

TITLE

D

☐ DELETE

NAME

TANNER, ANNA BELL

STREET ADDRESS

1620 HOLLYWOOD ROAD N.W. 10E

CITY - ST - ZIP

ATLANTA GA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800001800388

-04/30/96--01011--001

***70.00

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:

abe jonson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date

904-656-6815

Daytime Phone #

CR2E037 (12/95)