

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 09 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

Mailing Address

**239 14TH ST
APALACHICOLA FL 32320**

**239 14TH ST
APALACHICOLA FL 32320**

3. Date Incorporated or Qualified

10/26/1992

4. FEI Number

59-3152244

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 4085 BOTHWELL TER.

27 Suite, Apt. #, etc.

28 TALLAHASSEE, FL

29 32311

30 LEON

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONSON, ABE JR
4085 BOTHWELL TERRACE
TALLAHASSEE FL 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PM** DELETE
NAME **JOHNSON, ABE JR.**
STREET ADDRESS **4085 BOTHWELL TERRACE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **JOHNSON, ABE I**
STREET ADDRESS **4085 BOTHWELL TERRACE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE Change Addition
2.2 NAME **JOHNSON DEREK**
2.3 STREET ADDRESS **4085 BOTHWELL TERRACE**
2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **FTD** DELETE
NAME **JOHNSON, SANDRA LEE**
STREET ADDRESS **239 14TH STREET**
CITY-ST-ZIP **APALACHICOLA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **TANNER, ANNA BELL**
STREET ADDRESS **248 6TH ST**
CITY-ST-ZIP **APLACHICOLA FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Abel Johnson

ABE JOHNSON

1/15/98

CR2E037 (10/97)