

**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**      **239 14TH ST**  
**APALACHICOLA FL 32320**      **APALACHICOLA FL 32320**

3. Date Incorporated or Qualified  
**10/26/1992**  
 4. FEI Number      Applied For  
**59-3152244**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
**21**      **26** **4085 BOTHWELL TER.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
 City & State      City & State  
**23**      **28** **TALLAHASSEE, FL**  
 Zip      Country      Zip      Country  
**24**           **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                      | <b>PM</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JOHNSON, ABE JR.</b>                    | 1.2 NAME  |  |
| STREET ADDRESS             | <b>4085 BOTHWELL TERRACE</b>               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, ABE I</b>                      | 2.2 NAME  | <b>JOHNSON DEREK</b>   |
| STREET ADDRESS             | <b>4085 BOTHWELL TERRACE</b>               | 2.3 STREET ADDRESS                                    | <b>4085 BOTHWELL TERRACE</b>   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 2.4 CITY-ST-ZIP                                       | <b>TALLAHASSEE, FL 32311</b>   |
| TITLE                      | <b>FTD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JOHNSON, SANDRA LEE</b>                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>239 14TH STREET</b>                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>APALACHICOLA FL</b>                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TANNER, ANNA BELL</b>                   | 4.2 NAME  |  |
| STREET ADDRESS             | <b>248 6TH ST</b>                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>APLACHICOLA FL</b>                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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)