FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9200000052 1. Corporation Name

SMITH CHAPEL AOH CHURCH, INC.

Princ	ipal Place	of	Busines
239	14TH ST		
ADAS	ACHICOLA	CI	72220

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

4085 BOTHWELL TERRACE TALLAHASSEE FL 32311

26

May 04, 1999 8:00 am Secretary of State

05-04-1999 90125 023 ****61.25

3. Date Incorporated or Qualifed

10/26/1992

59-3152244

4. FEI Number

481010 - 90125 - 23

ZZ		121							40.75	
City & State	e	28	City & State				5. Certifcate of Status Desired		\$8.75 A	
Zip	Country		Zip	Cour	ntry		Election Campaign Financing Trust Fund Contribution		\$5.00 M	• 1
24]	25	29	+	<u>o</u>			10. Name and Address of New I	Pegistered		71000
Name and Address of Current Registered Agent					81	Name	To Haine and Address of Now 120glate of 118-11			
				į						
JONSON, ABE JR 4085 BOTHWELL TERRACE					82					
				}	83					
TALLAHAS	SSEE FL 32311			[
					84	City		FI	85 Zip C	ode
11 P	to the provisions of Sections 617.0502	and f	S17 1508 Florida Statutes	the at	nove	e-named cor	poration submits this statement for the	purpose of	changing its r	egistered
office or r	egistered agent, or both, in the State of	Flor	ida. Such change was aut	nonzea	Dy I	tne corporai	tion's board of directors. I hereby acce	pt the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons o	f, Section 617.0503, Florid	ia Statu	ites.	•				1
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable (NOTE: R	edistered	Agent	t signature requi	red when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PM		DELETE	1.1 111	LE.				Change	Addition
NAME	JOHNSON, ABE JR.			1.2 NA	ME	1				
STREET ADDRESS	4085 BOTHWELL TERRACE			1.3 ST	REET	ADDRESS				1
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CF	ry-St	t-ZiP				
TITLE	VD		☐ DELETE	2.1 TIT					Change	Addition
NAME	JOHNSON, DEREK			2.2 NA	ME					
STREET ADDRESS	4085 BOTHWELL TERRACE			2.3 ST	REET	ADDRESS)
CITY-ST-ZIP	TALLAHASSEE FL 32311			2.4 Cf	TY-S	iT-ZIP				
TITLE	FTD		☐ DELETE	3.1 TI	ΠE				Change	☐ Addition
NAME	JOHNSON, SANDRA LEE			3.2 NA	ME	i				
STREET ADDRESS	AND AUTH OTOFFT			3.3 ST	REET	FADDRESS				ļ
CITY-ST-ZIP	APALACHICOLA FL			3.4. CI	TY-S	T-ZIP				
TITLE	D		☐ DELETE	4.1 TI	TLE .				Change	☐ Addition
NAME	TANNER, ANNA BELL			4. 2 N	AME	ĺ				(
STREET ADDRESS	248 6TH ST			4.3 ST	REET	r address				
CITY-ST-ZIP	APLACHICOLA FL			4.4 CI	TY-ST	T-ZIP				
TITLE			☐ DELETE	5.1 TIT	ΠÆ				Change	☐ Addition
NAME	}			5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>			5.4 CF		T-ZIP				
TITLE			☐ DELETE	6.1 ∏∏		ĺ			Change	☐ Addition (
NAME				6.2 NA						
STREET ADDRESS	1			6.3 ST	REET	TADORESS				
CITY-ST-ZIP]			6.4 CF						
14. I hereby	certify that the information supplied with	this	filing does not qualify for t	the exe	mpti	ion stated in	Section 119.07(3)(i), Florida Statutes.	I further cer	tity that the ir	ntormation

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, with all other like empowered.

SIGNATURE:

REQUIREDAGE Johnson 4/34/99

· 🖃 · 🗓

Applied For

Not Applicable