

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # *N92000000052*

1. Entity Name  
*Smith Chapel AOH Church, Inc.*

00 MAY 18 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
*4085 Bothwell Ter*      *4085 Bothwell Ter*  
*Tallahassee, Fl*      *Tallahassee, Fl*  
*32311*      *32311*

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE *05/02/00 90117015 # 61.25*

4. FEI Number      Applied For  
*59-3152244*      Not Applicable  
5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*Abe Johnson, JR.*  
*4085 Bothwell Terrace*  
*Tallahassee, Fl 32311*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <i>Pm</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Abe JR</i> <input type="checkbox"/> Delete <i>4085 Bothwell Terrace</i> <i>Tallahassee, Fl 32311</i>
TITLE <i>VD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Dorek</i> <input type="checkbox"/> Delete <i>4085 Bothwell Terrace</i> <i>Tallahassee, Fl 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Johnson, Sandra Lee</i> <input checked="" type="checkbox"/> Delete <i>239 14th ST</i> <i>Apopka, Fl 32720</i>
TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Tanner, Anna Bell</i> <input checked="" type="checkbox"/> Delete <i>248 6th ST</i> <i>Apopka, Fl 32720</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>PMD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Abe Johnson (PMD)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4085 Bothwell Terrace</i> <i>Tallahassee, Fl 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>FTD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Mittie P. Johnson</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4085 Bothwell Terrace</i> <i>Tallahassee, Fl 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abe Johnson*      *5/18/00*

CR2E037 (9/99)