

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000052

1. Entity Name

SMITH CHAPEL AOH CHURCH, INC.

Principal Place of Business

4085 BOTHWELL TERR  
TALLAHASSEE FL 32311

Mailing Address

4085 BOTHWELL TERR  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3152244

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONSON, ABE JR  
4085 BOTHWELL TERRACE  
TALLAHASSEE FL 32311

Name **Abe Johnson JR**

Street Address (P.O. Box Number is Not Acceptable)  
**4085 Bothwell Terrace**

City **Tallahassee** FL Zip Code **32311-4548**

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

*Abe Johnson, Jr*

4/30/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PMD**  
STREET ADDRESS **JOHNSON, ABE R.**  
CITY-ST-ZIP **4085 BOTHWELL TERR**  
**TALLAHASSEE FL 32311**

TITLE ☒ Change ☐ Addition  
NAME **PMD**  
STREET ADDRESS **ABE JOHNSON, JR**  
CITY-ST-ZIP **4085 BOTHWELL TERR**  
**Tallahassee, FL 32311-4548**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **JOHNSON, DEREK**  
CITY-ST-ZIP **4085 BOTHWELL TERR**  
**TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VTD**  
STREET ADDRESS **JOHNSON, MITTIE P**  
CITY-ST-ZIP **4085 BOTHWELL TERR**  
**TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 686-5950

Daytime Phone #

CR2E037 (10/00)