

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N92000000052

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: SMITH CHAPEL AOH CHURCH, INC.

**Current Principal Place of Business:**

4085 BOTHWELL TERR  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

4085 BOTHWELL TERR  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

4085 BOTHWELL TERR  
TALLAHASSEE, FL 32311

**New Mailing Address:**

4085 BOTHWELL TERR  
TALLAHASSEE, FL 32317

FEI Number: 59-3152244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, ABE JR  
4085 BOTHWELL TERRACE  
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

JOHNSON, ABE JR  
4085 BOTHWELL TERRACE  
TALLAHASSEE, FL 32317 US

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:

04/26/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PMD ( ) Delete  
Name: JOHNSON, ABE JR  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD ( ) Delete  
Name: JOHNSON, DEREK  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VTD ( ) Delete  
Name: JOHNSON, MITTIE P  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABE JOHNSON JR

PMD

04/26/2002

Electronic Signature of Signing Officer or Director

Date