

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N92000000052

Entity Name: SMITH CHAPEL AOH CHURCH, INC.

**Current Principal Place of Business:**

1931 WELBY WAY STE 4  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1931 WELBY WAY STE 4  
TALLAHASSEE, FL 32308

**New Mailing Address:**

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 DR  
4085 BOTHWELL TERR  
TALLAHASSEE, FL 32317      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PMD      ( ) Delete  
Name: JOHNSON, ABE DR  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VTD      ( ) Delete  
Name: JOHNSON, MITTIE P  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D      ( ) Delete  
Name: SMITH, GRANVILLE A  
Address: 319 CONGO RD  
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D      ( ) Delete  
Name: SMITH, BEVERLY D  
Address: 319 CONGO RD  
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D      ( ) Delete  
Name: THE CENTRAL TRUTH MI, NISTRIES, INC  
Address: 1931 WELBY WAY STE 4  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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 exemption stated in Chapter 119, 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: DR. ABE JOHNSON

PMD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date