

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007328

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SMITH CHAPEL BIBLE UNIVERSITY, INC.

**Current Principal Place of Business:**

1931 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1931 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

FEI Number: 20-5295202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: P/UT ( ) Delete  
Name: JOHNSON, ABE DR  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: D/UT ( ) Delete  
Name: TAYLOR, SONIA  
Address: 845 MEDICAL COMMONS CT.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D/UT ( ) Delete  
Name: WADE, LARRY E  
Address: 2240 EDGEWOOD DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D/UT ( ) Change (X) Addition  
Name: BUSH, THOMAS A  
Address: 4200 RED OAK DR.  
City-St-Zip: TALLAHASSEE, FL 32311

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: ABE JOHNSON

P/UT

04/27/2009

Electronic Signature of Signing Officer or Director

Date