

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000052

FILED
Apr 27, 2009
Secretary of State

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:

1900 KATHRYN SPEED CT.
TALLAHASSEE, FL 32303

Current Mailing Address:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

New Mailing Address:

1900 KATHRYN SPEED CT.
TALLAHASSEE, FL 32303

FEI Number: 59-3152244

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: 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 MINISTRIES, INC
Address: 1931 WELBY WAY STE 4
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: D () 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

PMD

04/27/2009

Electronic Signature of Signing Officer or Director

Date