

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000052

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** SMITH CHAPEL APOSTOLIC CHURCH, INC.

**Current Principal Place of Business:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

2540 FL GA HIGHWAY  
HAVANA, FL 32333 US

**Current Mailing Address:**

1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

2540 FL GA HIGHWAY  
HAVANA, FL 32333 US

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  
Name: JOHNSON, ABE DR.  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: TD  
Name: JOHNSON, MITTIE P DR.  
Address: 4085 BOTHWELL TERR  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D  
Name: THOMAS, DONALD DR.  
Address: 400 W 4TH STREET APT 207  
City-St-Zip: NORTH LITTLE ROCK, AR 72114 US

Title: D  
Name: PYE, WILL L  
Address: 2612 LONNBLADH RD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D  
Name: EDUCATION BASED CONSULTANTS OF AMERICA LLC  
Address: 2540 FL GA HIGHWAY  
City-St-Zip: HAVANA, FL 32333 US

Title: VPD  
Name: BUSH, THOMAS A DR.  
Address: 4200 RED OAK DR.  
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby 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 all other like empowered.

SIGNATURE: DR. ABE JOHNSON

PMD

03/16/2010

Electronic Signature of Signing Officer or Director

Date