

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000052

FILED
Apr 30, 2011
Secretary of State

Entity Name: SMITH CHAPEL APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

2540 FL GA HIGHWAY
HAVANA, FL 32333 US

New Principal Place of Business:

3111-20 MAHAN DR
104
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2540 FL GA HIGHWAY
HAVANA, FL 32333 US

New Mailing Address:

3111-20 MAHAN DR
104
TALLAHASSEE, FL 32308 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: SMITH CHAPEL BIBLE UNIVERSITY, INC.
Address: 3111-20 MAHAN DR # 104
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: SPRADLEY, CEDRIC DR.
Address: 682 MILLWOOD DRIVE
City-St-Zip: HAVANA, FL 32333

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

04/30/2011

Electronic Signature of Signing Officer or Director

_____ Date