

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000052

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: SMITH CHAPEL APOSTOLIC CHURCH, INC.

## Current Principal Place of Business:

3111-20 MAHAN DR  
104  
TALLAHASSEE, FL 32308 US

## Current 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 ( )

## New Principal Place of Business:

1891-3 CAPITAL CIR NE  
104  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

1891-3 CAPITAL CIR NE  
104  
TALLAHASSEE, FL 32308 US

## 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: 1891-3 CAPITAL CIR NE #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: 1891-3 CAPITAL CIR NE #104  
City-St-Zip: TALLAHASSEE, FL 32308 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

04/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date