

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90056 037 *****70.00

DOCUMENT # N92000000052

1. Entity Name

SMITH CHAPEL AOH CHURCH, INC.



Principal Place of Business

**4085 BOTHWELL TERR
TALLAHASSEE FL 32317**

Mailing Address

**4085 BOTHWELL TERR
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3152244**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, ABE JR
4085 BOTHWELL TERRACE
TALLAHASSEE FL 32317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PMD	<input type="checkbox"/> Delete
NAME	JOHNSON, ABE JR	
STREET ADDRESS	4085 BOTHWELL TERR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, DEREK	
STREET ADDRESS	4085 BOTHWELL TERR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JOHNSON, MITTIE P	
STREET ADDRESS	4085 BOTHWELL TERR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANVILLE A. SMITH	
STREET ADDRESS	319 CONGO RD.	
CITY-ST-ZIP	CHATTACHOOCHEE, FL 32524	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY D. SMITH	
STREET ADDRESS	319 CONGO RD.	
CITY-ST-ZIP	CHATTACHOOCHEE, FL 32524	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

4/29/03

850-656-5950

CR2E037 (10/02)