

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007328

**Entity Name:** SMITH CHAPEL BIBLE UNIVERSITY, INC.

**Current Principal Place of Business:**

3111 MAHAN DR STE 20  
104  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3111 MAHAN DR STE 20  
104  
TALLAHASSEE, FL 32308 US

**FEI Number:** 20-5295202

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, ABE DR  
4085 BOTHWELL TERR  
TALLAHASSEE, FL 32317 US

*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

**Officer/Director Detail :**

Title VC  
Name JOHNSON, ABE DR  
Address 4085 BOTHWELL TERR  
City-State-Zip: TALLAHASSEE FL 32317

Title D/UT  
Name SMITH, GRANVILLE A  
Address 319 CONGO RD  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title D/UT  
Name TAYLOR, SONIA DR.  
Address 845 MEDICAL COMMONS CT.  
City-State-Zip: TALLAHASSEE FL 32310

Title D/UT  
Name HANEY, FRANCESCA MDR.  
Address 2100 BRANCH VIEW DR  
City-State-Zip: MARIETTA GA 30062

Title D/UT  
Name BUSH, THOMAS ADR.  
Address 4200 RED OAK DR.  
City-State-Zip: TALLAHASSEE FL 32311

Title P/UT  
Name KNIGHTON, ROSIA DR.  
Address 1891-3 CAPITAL CIR NE  
City-State-Zip: TALLAHASSEE FL 32308

*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

TRUSTEE/CHAIR

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date