

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000052

**Entity Name:** SMITH CHAPEL APOSTOLIC CHURCH, 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:** 59-3152244

**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 PMD  
Name JOHNSON, ABE DR.  
Address 4085 BOTHWELL TERR  
City-State-Zip: TALLAHASSEE FL 32317

Title TD  
Name JOHNSON, MITTIE PDR.  
Address 4085 BOTHWELL TERR  
City-State-Zip: TALLAHASSEE FL 32317

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

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

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

03/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date