

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000052

**Entity Name:** SMITH CHAPEL APOSTOLIC CHURCH, INC.

**Current Principal Place of Business:**

3122 MAHAN DR STE  
801 274  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3122 MAHAN DR STE  
801 274  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-3152244**

**Certificate of Status Desired: No**

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

JOHNSON, ABE DR  
3122 MAHAN DR STE  
801 274  
TALLAHASSEE, FL 32308 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           CHAIRMAN  
Name           JOHNSON, ABE DR.  
Address        3122 MAHAN DR STE  
                  801 274  
City-State-Zip: TALLAHASSEE FL 32308

Title           CFO  
Name           JOHNSON, MITTIE DR.  
Address        3122 MAHAN DR STE  
                  801 274  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           SMITH, AUNDRE G  
Address        3122 MAHAN DR STE  
                  801 274  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           JOHNSON, DEREK L DR.  
Address        3122 MAHAN DR STE  
                  801 274  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           JOHNSON, ABE III  
Address        3122 MAHAN DR STE  
                  801 274  
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**

**CHAIRMAN**

**01/30/2017**

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

\_\_\_\_\_  
Date