

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