

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073499 (3)

1. Corporation Name

SMITH CHAPEL BIBLE COLLEGE INC.

Principal Place of Business

242 LAFAYETTE CIRCLE  
TALLAHASSEE FL 32303

Mailing Address

242 LAFAYETTE CIRCLE  
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2015 LAKE BRAUFORD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FLORIDA Zip 24 32310	25 USA	26a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	30 Country	3. Date Incorporated or Qualified 07/26/1994 4. FEI Number 59-3279000 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JOHNSON, A.J.  
4085 BOTHWELL TERRACE  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	1.1 TITLE	
NAME	JOHNSON, A.J.	1.2 NAME	
STREET ADDRESS	4085 BOTHWELL TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	JOHNSON, MITTIE P	2.2 NAME	
STREET ADDRESS	4085 BOTHWELL TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	JOHNSON, ABE	3.2 NAME	
STREET ADDRESS	4085 BOTHWELL TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JOHNSON, SANDRA L	4.2 NAME	
STREET ADDRESS	239 14TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL 32320	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A.J. Johnson* A.J. JOHNSON (PM) 5/1/98 850-425-6523

CR2E034 (10/97)