

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073499

FILED
Apr 28, 2006
Secretary of State

Entity Name: SMITH CHAPEL BIBLE COLLEGE INC.

Current Principal Place of Business:

1729 S MARTIN LUTHER KING JR BLVD
TALLAHASSEE, FL 32301

New Principal Place of Business:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

Current Mailing Address:

4085 BOTHWELL TERR.
TALLAHASSEE, FL 32317

New Mailing Address:

1931 WELBY WAY STE 4
TALLAHASSEE, FL 32308

FEI Number: 59-3279000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDUCATION-BASED CONSULTANTS
4085 BOTHWELL TERRACE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PMD () Delete
Name: JOHNSON, ABE
Address: 4085 BOTHWELL TERR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: JOHNSON, MITTIE P
Address: 4085 BOTHWELL TERR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: JOHNSON, ABE III
Address: 115 ROLLING STONE COURT
City-St-Zip: MOORESVILLE, NC 28115

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change () Addition
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUSH, JAMES 3 DR
Address: 3015 NW 49TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Change (X) Addition
Name: MCDONALD, FRANK DR
Address: 2724 N SANDALWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32305 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR ABE JOHNSON

PMD

04/28/2006

Electronic Signature of Signing Officer or Director

Date