

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708772

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** MOLINO UTILITIES, INCORPORATED

**Current Principal Place of Business:**

1647 MOLINO RD  
MOLINO, FL 32577 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 126  
MOLINO, FL 32577 US

**New Mailing Address:**

**FEI Number:** 59-6214326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GING, ROBERT L  
6070 FAIRGROUND ROAD  
MOLINO, FL 32577 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRATHER, VERNON  
Address: PO BOX 608  
City-St-Zip: CANTONMENT, FL 32533

Title: ST  
Name: GILMORE, DEBBIE  
Address: 400 MEHARG RD  
City-St-Zip: MOLINO, FL 32577

Title: D  
Name: GILLEY, RONNIE  
Address: 4968 RICHARDSON RD.  
City-St-Zip: MOLINO, FL 32577

Title: D  
Name: WEAVER, ARCHIE  
Address: 6300 CHESTNUT RD  
City-St-Zip: MOLINO, FL 32577

Title: V  
Name: WALKER, BELINDA  
Address: 2300 JACKS BRANCH RD  
City-St-Zip: CANTONMENT, FL 32533

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: VERNON PRATHER

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date