SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$286.26).

" CHENTY IN TO SECTION

 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **WUAL REPORT** Secretary of State. 97 SEP -5 AM 9:25 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE FALLAHASSEE, FLORIDA N96000003392 (5) DOCUMENT # MOLINO FIRST ASSEMBLE OF GOD/PUGH'S CHAPEL CHURC Principal Place of Business Mailing Address 3436 MOLINO RD 3436 MOLINO RD MOLINO FL 32577 MOLINO FL 32577 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name Reverend Don Parmely
Street Address (P.O. Box Number is Not Acceptable) STRICKLING, DYKES REV. 62 3436 MOLINO RD 3436 Molino Road В3 **MOLINO FL 32577** 84 City Zip Code Molino 32577 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Reverend Don Parmely, Pastor 8/3/97 ame of registered agent and title if applications of the policies of the polic (NOTE: Registered Agent signature re ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE Board Member NAME 1.2 NAME Wayne Jarman 700002289687---09/10/97--01097--010 STREET ADDRESS 135 Santa Rosa Road 1.3 STREET ADDRESS Cantonment, FL 32533 CITY-ST-ZIF 1.4 CiTY-ST-ZIP *****81.25 DELETE TITLE 2.1 TITLE Board Member υ 2.2 NAME NAME Lomax Gunn STREET ADDRESS 2.3 STREET ADDRESS 128 Madrid Road 2. 4 CiTY-ST-ZIP CITY-ST-ZIP Cantonment, FL 32533 DELETE 3.1 TITLE Change Addition TITLE Board Member 3.2 NAME NAN Wayne Weekley STREET ADDRESS 3.3 STREET ADDRESS 2993 Molino Read CITY-ST-ZHR 3.4. CITY-ST-ZIP Molino, FL 32577 DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE **6.1 TITLE** NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Changed, or on an attachment with an address.

libED