## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N96000003392 (5)

MOLINO FIRST ASSEMBLE OF GOD/PUGH'S CHAPEL CHURC H. INC.

H, INC.					
Principal Place of Business		Mailing Address			I BOKAN IZIAN HISEN JANEN ILAK MANI
3436 MOLINO RD 3436 MOLINO RD MOLINO FL 32577				3. Date Incorporated or Qualified 06/24/1996	
				4. FEI Number 59-3480512.	Applied For Not Applicable
2. Principal Place of Business 22. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, et 27		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	е	City & State		7. Is this nonprofit corporation a homeowr	
Ζiρ	Country	Zip	Country 30	8. This corporation owes or has paid the o	<del></del>
24	25		30]	Personal Property Tax due June 30.	<u> </u>
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
PARMELY, DON REV. 3436 MOLINO ROAD MOLINO FL 32577				dress (P.O. Box Number is Not Acceptable)	·
			83		
MIO ENTO			84 City		85 Zip Code
agent I a	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE	rida Statutes. : Rogistared Agent signature requ		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	JARMAN, WAYNE		1.2 NAME		
STREET ADDRESS	135 SANTA ROSA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GUNN, LOMAX		2.2 NAME		
STREET ADDRESS	128 MADRID ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		2 4 CITY-ST-ZIP		····
F. (4)	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .	WEEKLEY, WAYNE		3.2 NAME		
STREET ADDRESS	2993 MOLINO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL 32577		3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	L		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY - ST - ZIP		
7071 5	<del></del>	DELETE	C 1 Title		Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.2 NAME

SIGNATURE:

NAME

14

2/12/98

968-5930

2E037 (10/97)

**FILED** 

Feb 17 1998 8:00am

Secretary of State