

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90013 032 \*\*\*\*61.25

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DOCUMENT # N96000003392

1. Corporation Name

MOLINO FIRST ASSEMBLY OF GOD / PUGH'S CHAPEL CHU  
RCH, INC.

Principal Place of Business

Mailing Address

3436 MOLINO RD  
MOLINO FL 32577

3436 MOLINO RD  
MOLINO FL 32577



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/24/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3480512

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARMELY, DON REV.  
3436 MOLINO ROAD  
MOLINO FL 32577

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Rev. Don R. Parmely*  
Signature, typed or printed name of registered agent and title if applicable.

*Rev. Don R. Parmely, Pastor*  
(NOTE: Registered Agent signature required when re-listing)

*2/1/99*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D JARMAN, WAYNE  
STREET ADDRESS 135 SANTA ROSA ROAD  
CITY-ST-ZIP CANTONMENT FL 32533

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D George McDonald  
1.3 STREET ADDRESS 1156 Hwy 196  
1.4 CITY-ST-ZIP Molino, FL 32577

TITLE ☐ DELETE  
NAME D GUNN, LOMAX  
STREET ADDRESS 128 MADRID ROAD  
CITY-ST-ZIP CANTONMENT FL 32533

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D WEEKLEY, WAYNE  
STREET ADDRESS 2993 MOLINO ROAD  
CITY-ST-ZIP MOLINO FL 32577

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wayne Jarmen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/99*  
Date

*850-968-5930*  
Daytime Phone #

CR2E037 (11/98)