2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600003392 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name MOLINO FIRST ASSEMBLY OF GOD / PUGH'S CHAPEL CHU 04-10-2000 90075 022 ****70.00 Mailing Address Principal Place of Business 3436 MOLINO RD 3436 MOLINO RD MOLINO FL 32577-4097 MOLINO FL 32577 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3480512 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARMELY, DON REV. 3436 MOLINO ROAD **MOLINO FL 32577** City Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Channe ☐ Addition ☐ Delete TITLE JARMAN, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 135 SANTA ROSA ROAD CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 Change Delete Addition TITLE TITLE Mark Anthony Yuhasz, Sr. Gall Chestnut Road GUNN, LOMAX NAME STREET ADDRESS 128 MADRID ROAD STREET ADDRESS CITY-ST-ZIP Molino, FL 32577 CITY-ST-ZIP CANTONMENT FL 32533 ☐ Change Addition ☐ Delete TITLE TITLE MCDONALD, GEORGE NAME 1156 HWY 196 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOLINO FL 32577 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

ATURE: // SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR DIRECTOR Date Daytome Printing #