

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91026 034 ****70.00

DOCUMENT # N96000003392 1. Entity Name MOLINO FIRST ASSEMBLY OF GOD / PUGH'S CHAPEL CHURCH, INC.					
Principal Place of Business 3436 MOLINO RD MOLINO, FL 32577			Mailing Address 3436 MOLINO RD MOLINO, FL 32577		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3480512	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARMELY, DON REV. 3436 MOLINO ROAD MOLINO, FL 32577			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARMAN, WAYNE		NAME	Thompson, Robert Rev. Robert	
STREET ADDRESS	135 SANTA ROSA ROAD		STREET ADDRESS	4792 Highway 10 East	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLWOOD, MYRTLE DIANNE		NAME	Lee, Joe Rev. Joe	
STREET ADDRESS	1601 OMEGA DRIVE		STREET ADDRESS	100 Sue street	
CITY-ST-ZIP	MOLINO, FL 32577		CITY-ST-ZIP	Flomaton, AL 36441	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUHASZ, MARK A SR.		NAME		
STREET ADDRESS	6911 CHESTNUT RD		STREET ADDRESS		
CITY-ST-ZIP	MOLINO, FL 32577		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARMELY, REV, DON R.		NAME		
STREET ADDRESS	3440 MALINO ROAD		STREET ADDRESS		
CITY-ST-ZIP	MOLINO, FL 325774097		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Don R. Parmely</u> Rev. Don R. Parmely (P,D) 4/21/04 850-587-5029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					