

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 09, 2008
Secretary of State**

DOCUMENT# N07000007757

Entity Name: PROMISELAND CHURCH OF NAVARRE, FLORIDA INC.

Current Principal Place of Business:

8193 TORRES ST
NAVARRE, FL 32566 US

New Principal Place of Business:

2292 HIGHWAY 87
NAVARRE, FL 32566 US

Current Mailing Address:

P.O. BOX 5694
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 26-0632351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, TYRONE D PASTOR
8193 TORRES STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, TYRONE D
Address: 8193 TORRES STREET
City-St-Zip: NAVARRE, FL 32566 US

Title: TREA () Delete
Name: SMITH, DEANNA D
Address: 8193 TORRES STREET
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: BOSS, LEE O
Address: 7625 NORTH IH-35
City-St-Zip: AUSTIN, TX 78752 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: CODY, BILL OFFICER
Address: 143 MULRY DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: O () Change (X) Addition
Name: DELERME, LUCIEN OFFICER
Address: 2256 ORION DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: O () Change (X) Addition
Name: DONES, CARLOS OFFICER
Address: 3109 SAULS DRIVE
City-St-Zip: AUSTIN, TX 78728 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYRONE SMITH

P

07/09/2008

Electronic Signature of Signing Officer or Director

_____ Date