2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N09000008050

Entity Name: PROMISE INC.

Current Principal Place of Business:

1490 DOWD CT., SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1490 DOWD CT., SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 90-0520600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARMER, BETTINA
1490 DOWD CT., SE
PALM BAY, FL 32909 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: MS
Name: FARMER, BETTINA
Address: 1490 DOWD CT., SE
City-St-Zip: PALM BAY, FL 32909

Title: MR
Name: CONEEN, CHRIS
Address: 2250 TOWN CENTER AVE
City-St-Zip: MELBOURNE, FL 32940

Title: MR
Name: COOPER, WAYNE I
Address: 1692 HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: DR
Name: NELSON, LORI
Address: 730 EMERSON DRIVE NE
City-St-Zip: PALM BAY, FL 32907

Title: DR.
Name: NEILLIUS-GUTHERIE, PATRICIA
Address: 760 NORTH DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: NELLIUS, PATRICIA
Address: 2301 W. EAY GALLIE BLVD - STE. 104
City-St-Zip: MELBOURNE, FL 32905

I hereby 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 all other like empowered.

SIGNATURE: BETTINA D. FARMER MS. 04/30/2012
Electronic Signature of Signing Officer or Director Date