

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008937

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** COUPLES OF PROMISE MINISTRIES OF CENTRAL FLORIDA, INC

**Current Principal Place of Business:**

3117 ARCHER AVE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

3117 ARCHER AVE  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 45-3477284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FENTRESS, JAMES T REV.  
3117 ARCHER AVE  
THE VILLAGEA, FL 32162 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  
Name: FENTRESS, JAMES T REV.  
Address: 3117 ARCHER AVE  
City-St-Zip: THE VILLAGE, FL 32162

Title: S,T  
Name: FENTRESS, SANDRA  
Address: 3117 ARCHER AVE  
City-St-Zip: THE VILLAGE, FL 32612

Title: D  
Name: POST, ARLYN  
Address: 5042 CR 125A  
City-St-Zip: WILDWOOD, FL 34785

Title: D  
Name: CULVER, RONALD  
Address: 17450 SE 74TH RAES HALL RD  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: CULVER, CONNIE  
Address: 17450 SE 74TH RAES HALL RD  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: POST, JACK  
Address: 5042 CR 125A  
City-St-Zip: WILDWOOD, FL 34785

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: SANDRA R FENTRESS

S,T

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date