

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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03-31-1999 90059 034 ****70.00

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002322

1. Corporation Name

THE PROMISES TEAM, INC.

Principal Place of Business

6738 DONERAIL TRAIL
TALLAHASSEE FL 32308

Mailing Address

6738 DONERAIL TRAIL
TALLAHASSEE FL 32308



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/22/1998 4. FEI Number 59-350-9308 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CUMMINGS, NAOMI
CUMMINGS DR., RT. 3, BOX 71
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Naomi Cummings

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	P/D Carmen Cummings
STREET ADDRESS		1.3 STREET ADDRESS	6738 Donerail Trail
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	VP/D Vernon Bryant
STREET ADDRESS		2.3 STREET ADDRESS	3255 Capital Cir. NE, Ste. 5E
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	S/D Naomi Cummings
STREET ADDRESS		3.3 STREET ADDRESS	Rt. 3 Box 71
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	T/D Minnie Robinson
STREET ADDRESS		4.3 STREET ADDRESS	Route 3 Box 64
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	D Velda Alexander
STREET ADDRESS		5.3 STREET ADDRESS	1773 Rodeo Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Naomi Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

893-4666

CR2E037 (1/98)