2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
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Entity Name: PROMISE INC.

Current Principal Place of Business:

1490 DOWD CT., SE
PALM BAY, FL 32909

Current Mailing Address:

PO BOX 120028
WEST MELBOURNE, FL 32912-0028 US

FEI Number: 90-0520600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARMER, BETTINA
1490 DOWD CT., SE
PALM BAY, FL 32909 US

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

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	FARMER, BETTINA
Address	1490 DOWD CT., SE
City-State-Zip:	PALM BAY FL 32909

Title	CHAIRMAN
Name	COOPER, WAYNE I
Address	1692 WEST HIBISCUS BLVD.
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	THOMPSON, STACY
Address	5201 BABCOCK ST., NE, STE 3
City-State-Zip:	PALM BAY FL 32905

Title	DIRECTOR
Name	THOMPSON, RICHARD
Address	145 JOAN PLACE
City-State-Zip:	INDIALANTIC FL 32903

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

Title	SECRETARY/TREASURER
Name	NELSON, LORI DR.
Address	730 EMERSON DRIVE NE
City-State-Zip:	PALM BAY FL 32907

Title	DIRECTOR
Name	LOCKE, TERRY
Address	417 FIFTH AVE
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	VEGA, FRANK
Address	399 S. ATLANTIC AVE
City-State-Zip:	COCOA BEACH FL 32931

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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 REGISTERED AGENT 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHNEIDER-MUNOZ, ANDREW DR.
Address	2301 W. EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32935