2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2017
Secretary of State
CC7872313718

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Entity Name: PROMISE INC.

Current Principal Place of Business:

3040 W. NEW HAVEN AVE
WEST MELBOURNE, FL 32904

Current Mailing Address:

PO BOX 120028
WEST MELBOURNE, FL 32912-0028 US

FEI Number: 90-0520600

Certificate of Status Desired: Yes

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

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

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

Title	SECRETARY, DIRECTOR
Name	MELLE, RUSTY
Address	1455 S. WICKHAM RD
City-State-Zip:	WEST MELBOURNE FL 32904

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

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

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

Title	DIRECTOR
Name	BRESS, JAMES
Address	1430 SARNO RD
City-State-Zip:	MELBOURNE FL 32935

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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 FARMER EXECUTIVE DIRECTOR 02/08/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRESS, PAMELA
Address	1038 HARVIN WAY SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	ROHNE, DENNIS
Address	1936 FREEDOM DR
City-State-Zip:	VIERA FL 32940

Title	DIRECTOR
Name	BRANT, TERI
Address	1005 EAST STRAWBRIDGE AVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	BROWN, JIM
Address	2020 TALL RIDGE RD
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	ROSE, HAL
Address	2240 MINTON RD
City-State-Zip:	WEST MELBOURNE FL 32904

Title	DIRECTOR
Name	KINBERG, EDWARD
Address	1990 W. NEW HAVEN AVE #201
City-State-Zip:	WEST MELBOURNE FL 32904