2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2021
Secretary of State
4176238896CC

DOCUMENT# N09000008050

Entity Name: PROMISE INC.

Current Principal Place of Business:

4105 NORFOLK PARKWAY
WEST MELBOURNE, FL 32904

Current Mailing Address:

4105 NORFOLK PARKWAY
WEST MELBOURNE, FL 32904 US

FEI Number: 90-0520600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROMISE INC
4105 NORFOLK PARKWAY
WEST MELBOURNE, FL 32904 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: JEFF KIEL 05/13/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	KIEL, JEFF
Address	4105 NORFOLK PARKWAY
City-State-Zip:	WEST MELBOURNE FL 32904

Title	VC
Name	LOCKE, TERRY
Address	1025 S BABCOCK ST
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	DURANTE, MIKE
Address	8035 SPYGLASS HILL ROAD
City-State-Zip:	MELBOURE FL 32940

Title	DIRECTOR
Name	AVALOS, MARGARET
Address	6005 US HIGHWAY 1, UNIT 201
City-State-Zip:	ROCKLEDGE FL 32955-5702

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	GARNER, DUDLEY
Address	3110 W FLORIDA AVE
City-State-Zip:	WEST MELBOURNE FL 32904-7600

Title	SECRETARY
Name	FACOMPRE, LYNN
Address	1595 N ATLANTIC AVE #211
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: JEFF KIEL PRESIDENT & CEO 05/13/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DROPESKI, CINDY
Address	690 W EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	WILLIAMS, MASON
Address	1990 W NEW HAVEN AVE SUITE 201
City-State-Zip:	MELBOURNE FL 32904