

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/27/2022

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

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

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

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

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

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

Title SECRETARY
Name FACOMPRES, 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

01/27/2022

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