

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005609

Entity Name: ST. JOHN COMMUNITY PROMISE, INC.**Current Principal Place of Business:**900 NORTH SEACREST BLVD
BOYTON BEACH, FL 33435**Current Mailing Address:**900 NORTH SEACREST BLVD
BOYTON BEACH, FL 33435**FEI Number:** 46-0653325**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARRIS, EDWARD M
900 NORTH SEACREST BLVD
BOYTON BEACH, FL 33435 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:** EDWARD HARRIS

06/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DS
Name SHULER, BARBARA
Address 900 NORTH SEACREST BLVD
City-State-Zip: BOYTON BEACH FL 33435

Title DIRECTOR/DEACON
Name HARRIS, EDWARD M
Address 900 NORTH SEACREST BLVD
City-State-Zip: BOYTON BEACH FL 33435

Title FC/DEACON
Name IVERY, CARLTON DEACON
Address 1336 W INDIES WAY
City-State-Zip: LAKE WORTH FL 33467

Title DEACON
Name SIMS, GUARN DEACON
Address 3021 SOUTH SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title TRUSTEE/CHAIRMAN
Name BROWN, HOWARD MR.
Address 2825 SW 4TH ST.
City-State-Zip: BOYNTON BEACH FL 33435

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: GUARN SIMS

DEACON

06/15/2015

Electronic Signature of Signing Officer/Director Detail

Date