

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012159

**Entity Name:** PROMISE LIFE FAMILY MINISTRIES, INC

**Current Principal Place of Business:**

8717 JAMESTOWN DRIVE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

PO BOX 420300  
KISSIMMEE, FL 34742 US

**FEI Number: 81-0946430**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARRIS, VINCENT  
8717 JAMESTOWN DRIVE  
WINTER HAVEN, FL 33884 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 D  
Name HARRIS, VINCENT  
Address 4317 CREEKS RUN BLVD.  
City-State-Zip: KISSIMMEE FL 34746

Title D  
Name GASTON, LO'RETTA J  
Address 4317 CREEKS RUN BLVD.  
City-State-Zip: KISSIMMEE FL 34746

Title D  
Name HARRIS, DEBRA V  
Address 4317 CREEKS RUN BLVD.  
City-State-Zip: KISSIMMEE FL 34746

Title D  
Name HARRIS, GLADYS A  
Address 4317 CREEKS RUN BLVD.  
City-State-Zip: KISSIMMEE FL 34746

*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: VINCENT HARRIS**

**REGISTERED AGENT**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date