

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008679

**Entity Name:** GODSPROMISE MINISTRIES INC**Current Principal Place of Business:**7526 LEROY DR  
JACKSONVILLE, FL 32244**Current Mailing Address:**7526 LEROY DR  
JACKSONVILLE, FL 32244 US**FEI Number:** 84-2736652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, LISA P  
7526 LEROY DR  
JACKSONVILLE, FL 32244 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 PRES  
Name THOMAS, LISA P  
Address 7526 LEROY DR  
City-State-Zip: JACKSONVILLE FL 32244

Title SEC  
Name WASHINGTON, GREGORY D  
Address 7526 LEROY DR  
City-State-Zip: JACKSONVILLE FL 32244

Title TREA  
Name WILLIAMS, JALISA M  
Address 7526 LEROY DR.  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name WILLIAMS, CHRISTOPHER D  
Address 7526 LEROY DRIVE  
City-State-Zip: JACKSONVILLE FL 32244

Title DIRE  
Name WILLIAMS, WILLIAM D  
Address 7526 LEROY DR  
City-State-Zip: JACKSONVILLE FL 32244

Title DIR  
Name WILLIAMS, CALVIN D  
Address 7526 LEROY DR  
City-State-Zip: JACKSONVILLE FL 32244

Title ASST. TREASURER  
Name HAZLEY, LATRESA  
Address 8411 HELEN DR. APT. 1  
City-State-Zip: JACKSONVILLE FL 32210

*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:** LISA PENELOPE THOMAS

OWNER

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date