

**2022 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	HAZLEY, LATRESA T
Address	2329 MCCARTY DR
City-State-Zip:	JACKSONVILLE FL 32210

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	WASHINGTON, GREGORY D
Address	7526 LEROY DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

*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 THOMAS**PRESIDENT****01/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date