

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

98 JUL 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J46908** (6)
1. Corporation Name
PROMISELAND COMMUNITY CENTER, INC.

Principal Place of Business 2188 W. 13TH STREET P.O. BOX 2269 JACKSONVILLE FL 32203-9269	Mailing Address POST OFFICE BOX 2269 P.O. BOX 2269 JACKSONVILLE FL 32203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/12/1986	
				4. FEI Number 59-2751238	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KARIM, SALIMAH 2188 W. 13TH STREET JACKSONVILLE FL 32209				10. Name and Address of New Registered Agent	
				81 Name <i>Salimah Karim</i>	
				82 Street Address (P.O. Box Number Not Acceptable) <i>4628 Heartstone Court</i>	
				83 <i>Card</i>	
				84 City <i>Florida</i> FL 85 Zip Code <i>32257</i>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Salimah Karim*

6/29/98 904.358.896

CR2E034 (10/97)

**PROMISELAND
COMMUNITY CENTER, INC**

JULY 15, 1998

**FLORIDA DEPARTMENT
OF STATE**

REF. #J46908

TO WHOM IT MAY CONCERN:

**THIS LETTER IS TO INFORM YOU THAT DUE TO
AND OVERSIGHT BY OUR OFFICE STAFF BECAUSE
OF RENOVATION THE CORPORATIONS RENEWAL
PAPERS WAS MISPLACED, I SALIMAH KARIM SPOKE
TO ONE OF THE REPRESENTIVES IN YOUR OFFICE
HE INFORM ME TO WRITE A LETTER AS TO WHY
THE FEE WAS LATE, AND TO SEND \$150.00 WITH-
OUT THE LATE FEE.**

**IF YOU NEED ANY FURTHER INFORMATION, PLEASE
FEEL FREE TO CALL.**

**THANK YOU,
SALIMAH KARIM TORRENCE/OWNER**