2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2006 8:00 am Secretary of State

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DOCUMENT # N0200003408 1. Entity Name A HOME OF PROMISE, INC.					5-01-2006 90001			
Principal Place of Business 3751 NW 170TH ST CAROL CITY, FL 33055 Mailing Address 3751 NW 170TH ST CAROL CITY, FL 33055				LINVIET ALL ANDRE		JU2U14		
2 Principal P	lace of Business	3. Mailing Address						
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Suite, Apt.	"City, H.	Suite, Apt. #, etc.			ng-NP CR2	E037 (4/06)		
City & State	e , '	City & State		4. FEI Number 02-062061	5	 	plied For at Applicable	
Zip 3305	S Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent			News	7. Name and Add	ress of New Registere	d Agent		
_EERGUSON, MARIETTE A				Name				
3751 NW 170TH ST CAROL CITY, FL 33055			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		<u> </u>	■ Zip Code		
					<u> </u>	<u>'L</u>		
	named entity submits this statement for ions of legistered agent.	the purpose of changing its re	gistered office or regis	stered agent, or both, in	the State of Florida. Ta	am tamiliar with,	and accept	
	Netheranison							
SIGNATURE .	Signatur, typed or inited name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating)	DAT			
SIGNATURE.	Signature, typed or sinted name of registered agent a							
D	Signature typed or philod name of registered agent a Filling Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable to partment of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

of the corporation or the receiver or dustage empowered.

SIGNATURE:

Mayiette A. Feyauson ()

SIGNATURE: Mayiette A. Feyauson ()

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ()

Date Daytime Phone #