

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005538**

1. Entity Name  
**LIVING PROMISES, INC.**



Principal Place of Business  
**10709 INDIAN TRAIL  
COOPER CITY, FL 33328**

Mailing Address  
**10709 INDIAN TRAIL  
COOPER CITY, FL 33328**



04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**82-0547727**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLD, JOY  
2101 ATLANTIC SHORES BLVD.  
#420  
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOLD, JOY
STREET ADDRESS	10709 INDIAN TRAIL
CITY - ST - ZIP	COOPER CITY, FL 33328

TITLE	D
NAME	PITT, VALERIE
STREET ADDRESS	10709 INDIAN TRAIL
CITY - ST - ZIP	COOPER CITY, FL 33328

TITLE	D
NAME	RUSSEY, LISA
STREET ADDRESS	10709 INDIAN TRAIL
CITY - ST - ZIP	COOPER CITY, FL 33328

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/23/05-80058-007 81.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOY GOLD**

**4/15/05**

**954-  
328-0889**

DATE

Daytime Phone #