


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 024 ****61.25

DOCUMENT # N02000009626	
1. Entity Name PROMISED LAND MISSION C.O.G., INC.	

Principal Place of Business 2890 NW 10TH COURT FT. LAUDERDALE, FL 33311	Mailing Address 2890 NW 10TH COURT FT. LAUDERDALE, FL 33311
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14000827



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242004 Chg-NP CR2E037 (10/03)

4. FEI Number APPLIED FOR 45-0490210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HILL, EDDIE 2890 NW 10TH COURT FT. LAUDERDALE, FL 33311	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	HILL, EDDIE
STREET ADDRESS	2890 NW 10TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	DV <input type="checkbox"/> Delete
NAME	HILL, SHIRLEY
STREET ADDRESS	2890 NW 10TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	DS <input type="checkbox"/> Delete
NAME	GRIFFIN, MARIE
STREET ADDRESS	2890 NW 10TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	DT <input type="checkbox"/> Delete
NAME	JACKSON, JOAN
STREET ADDRESS	2094 NW 15 AVE APT A
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Eddie Hill **4-3-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #