


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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 029 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, EDDIE 2890 NW 10TH COURT FT. LAUDERDALE, FL 33311				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, EDDIE		NAME		
STREET ADDRESS	2890 NW 10TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, SHIRLEY		NAME		
STREET ADDRESS	2890 NW 10TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	DS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRIFFIN, MARIE		NAME	Deborah Hill	
STREET ADDRESS	2890 NW 10TH COURT		STREET ADDRESS	2890 NW 10th Court	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, JOAN		NAME		
STREET ADDRESS	2094 NW 15 AVE APT A		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Eddie Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/05 954/681-8821 <small>Date Daytime Phone #</small>		