


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90194 013 \*\*\*\*70.00

<b>DOCUMENT # N05000000782</b> 1. Entity Name <b>PROMISED LAND OUTREACH MINISTRIES, INC.</b>																																																																																																																							
Principal Place of Business <b>613048 RIVER RD. CALLAHAN, FL 32011</b>				Mailing Address <b>613048 RIVER RD. CALLAHAN, FL 32011</b>																																																																																																																			
2. Principal Place of Business <b>45051 New Ogilvie Rd</b>		3. Mailing Address <b>613048 River Rd.</b>																																																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Callahan</b>																																																																																																																					
City & State <b>CALLAHAN, FL</b>		City & State <b>Florida</b>		4. FEI Number <b>20-3287224</b>																																																																																																																			
Zip <b>32011</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
6. Name and Address of Current Registered Agent <b>REAVES, KIMBERLY 613048 RIVER RD. CALLAHAN, FL 32011</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																			
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 <u><i>Kimberly Reaves</i></u> <span style="float: right;">1-5-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																			
<b>Make check payable to Florida Department of State</b>																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>REAVES, KIMBERLY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>613048 RIVER RD. CALLAHAN, FL 32011</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>REAVES, SHAWN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>613048 RIVER RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CALLAHAN, FL 32011</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ZETMEIR, GEORGIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22968 CR 121</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HILLIARD, FL 32046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ZETMEIR, DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22968 CR 121</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HILLIARD, FL 32046</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SMITH, ROBBIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4772 SAFE HARBOR WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32226</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	REAVES, KIMBERLY		CITY-ST-ZIP	613048 RIVER RD. CALLAHAN, FL 32011		TITLE	VD	Delete <input type="checkbox"/>	NAME	REAVES, SHAWN		STREET ADDRESS	613048 RIVER RD.		CITY-ST-ZIP	CALLAHAN, FL 32011		TITLE	SD	Delete <input type="checkbox"/>	NAME	ZETMEIR, GEORGIA		STREET ADDRESS	22968 CR 121		CITY-ST-ZIP	HILLIARD, FL 32046		TITLE	TD	Delete <input type="checkbox"/>	NAME	ZETMEIR, DALE		STREET ADDRESS	22968 CR 121		CITY-ST-ZIP	HILLIARD, FL 32046		TITLE	D	Delete <input type="checkbox"/>	NAME	SMITH, ROBBIE		STREET ADDRESS	4772 SAFE HARBOR WAY		CITY-ST-ZIP	JACKSONVILLE, FL 32226		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																							
SIGNATURE: <u><i>Kimberly Reaves</i></u> <span style="float: right;">1-5-06 904-759-7876</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																							