

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007456

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: NETWORK OF PROMISE INC.

## Current Principal Place of Business:

403 EUCLID AVE  
SEFFNER, FL 33584

## New Principal Place of Business:

4626 KEENE ROAD  
PLANT CITY, FL 33565

## Current Mailing Address:

403 EUCLID AVE  
SEFFNER, FL 33584

## New Mailing Address:

4626 KEENE ROAD  
PLANT CITY, FL 33565

FEI Number: 33-1120513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, JOHN  
403 EUCLID AVE  
SEFFNER, FL 33584 US

## Name and Address of New Registered Agent:

STRICKLAND, JOHN  
4626 KEENE ROAD  
PLANT CITY, FL 33565 US

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.

SIGNATURE: JOHN STRICKLAND

04/19/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: STRICKLAND, JOHN  
Address: 403 EUCLID AVE  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: STRICKLAND, JOHN  
Address: 403 EUCLID AVE  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: WILLIAMS, JACK  
Address: 35250 WHISPERING PINES DR  
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: D ( ) Delete  
Name: MONEY, JERRY  
Address: 2708 KEENE CAMPBELL RD  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: STRICKLAND, DORA  
Address: 403 EUCLID AVE  
City-St-Zip: SEFFNER, FL 33584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: STRICKLAND, JOHN  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Change ( ) Addition  
Name: STRICKLAND, JOHN  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STRICKLAND, DORA  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STRICKLAND

PVST

04/19/2006

Electronic Signature of Signing Officer or Director

Date