

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007456

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** NETWORK OF PROMISE INC.

**Current Principal Place of Business:**

4626 KEENE ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

4626 KEENE ROAD  
PLANT CITY, FL 33565

**New Mailing Address:**

**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  
4626 KEENE ROAD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: STRICKLAND, JOHN  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: D  
Name: STRICKLAND, JOHN  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: D  
Name: THOMAS, RON  
Address: 4843 SUZANNE  
City-St-Zip: ZEPHRYHILLS, FL 33542

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

Title: D  
Name: STRICKLAND, DORA  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

I hereby 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 all other like empowered.

SIGNATURE: JOHN STRICKLAND

PVST

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date