2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000007842

Entity Name: PROMISED PROVISION MINISTRIES, INC.

Current Principal Place of Business:

5321 WATSON ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

5321 WATSON ROAD
RIVERVIEW, FL 33578

Current Mailing Address:

PO BOX 6237
BRANDON, FL 335086004

New Mailing Address:

FEI Number: 11-3780605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, REBECCA H
5321 WATSON ROAD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

WILLIAMS, REBECCA H
5321 WATSON ROAD
RIVERVIEW, FL 33578 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, REBECCA H CEO
Address: 5321 WATSON RD
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete
Name: WILLIAMS, JERRY D
Address: 5321 WATSON RD
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete
Name: GILMORE, JEFFREY
Address: 1223 DORIS DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, REBECCA H CEO
Address: 5321 WATSON RD
City-St-Zip: RIVERVIEW, FL 33578

Title: SD (X) Change ( ) Addition
Name: WILLIAMS, JERRY D
Address: 5321 WATSON RD
City-St-Zip: RIVERVIEW, FL 33578

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

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA H. WILLIAMS PD 04/30/2008
Electronic Signature of Signing Officer or Director — Date