

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007842

FILED
Apr 12, 2009
Secretary of State

Entity Name: PROMISED PROVISION MINISTRIES, INC.

Current Principal Place of Business:

5321 WATSON ROAD
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

PO BOX 6237
BRANDON, FL 335086004

New Mailing Address:

PO BOX 6237
BRANDON, FL 335086004 US

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: JOSEPH, ROODY
Address: 2260 21ST STREET
City-St-Zip: SARASOTA, FL 34234 US

Title: D () Change (X) Addition
Name: THOMPSON, KATHERINE
Address: 5484 LITHIA-PINECREST ROAD
City-St-Zip: LITHIA, FL 33547 US

Title: VD () Change (X) Addition
Name: GOLDEN, WAYNE
Address: 299 OLD BELLEVILLE ROAD
City-St-Zip: ST MATTHEWS, SC 29135 US

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

04/12/2009

Electronic Signature of Signing Officer or Director

Date