2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N06000011191

Entity Name: PROMISED LAND RETREAT, INC.

Current Principal Place of Business:

26850 WILLIE HODGES ROAD
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

PO BOX 400
LIVE OAK, FL 32064

New Mailing Address:

26850 WILLIE HODGES ROAD
HILLIARD, FL 32046

FEI Number: 20-5835912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAWICK, RODNEY
26850 WILLIE HODGES ROAD
HILLIARD, FL 32046 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: DC ( ) Delete
Name: TRAWICK, RODNEY
Address: 26850 WILLIE HODGES ROAD
City-St-Zip: HILLIARD, FL 32046

Title: STD ( ) Delete
Name: TRAWICK, TONYA
Address: 26850 WILLIE HODGES ROAD
City-St-Zip: HILLIARD, FL 32046

Title: DC ( ) Delete
Name: SEELEY, KENNETH R
Address: 371230 HENRY SMITH ROAD
City-St-Zip: HILLIARD, FL 32046

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

Title: DC (X) Change ( ) Addition
Name: BRIGHAM, TIMOTHY
Address: 5490 COLLEGE DRIVE; APT 23
City-St-Zip: GRACEVILLE, FL 32440

Title: O ( ) Change (X) Addition
Name: LINDA, TIPPETTE
Address: PO BOX 118
City-St-Zip: MADISON, FL 32341

Title: O ( ) Change (X) Addition
Name: SHEFFIELD, DAVID W
Address: 272 NE DUSTY MILLER AVE
City-St-Zip: MADISON, FL 32340

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: TONYA TRAWICK STD 03/29/2009

Electronic Signature of Signing Officer or Director — Date