

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29363

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: PROMISE LAND MINISTRIES, INC.

**Current Principal Place of Business:**

800 TICOMB STREET  
EUSTIS, FL 327264742

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1390  
EUSTIS, FL 32727

**New Mailing Address:**

FEI Number: 59-2988218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, LEOLA  
6711 YORKWOOD CT  
ORLANDO, FL 32818 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: SCOTT, PHILLIP,  
Address: P. O. BOX 1271 NA  
City-St-Zip: EUSTIS, FL

Title: TD ( ) Delete  
Name: WILLIAMS, ARTHUR  
Address: 6711 YORKWOOD COURT  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: WILLIAMS, LEOLA  
Address: 6711 YORKWOOD COURT  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: GENEVA, RAYMOND,  
Address: 1530 JEFFERSON DR.  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: LEOLA WILLIAMS

SD

01/23/2009

Electronic Signature of Signing Officer or Director

Date