

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32500

1. Entity Name

PROMISED LAND OF JACKSONVILLE, INC.

Principal Place of Business

7776 MORSE AVENUE
JACKSONVILLE FL 32244

Mailing Address

7525 SHARBETH DR. S
JACKSONVILLE FL 32210-4757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3311955

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODY, DAVID P
7525 SHARBETH DRIVE SOUTH
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WOODY, DAVID P
STREET ADDRESS 7525 SHARBETH DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE PD
NAME WOODY, DAVID P.
STREET ADDRESS 7525 SHARBETH DR. S.
CITY-ST-ZIP JACK. FL 32210 ☐ Change ☐ Addition

TITLE VD
NAME BOEHM, SUE
STREET ADDRESS 7045 HYDE GROVE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE VD
NAME EARL Knowles
STREET ADDRESS 7429 BOB-O-LINK Rd.
CITY-ST-ZIP JACK. FL 32219 ☒ Change ☒ Addition

TITLE STD
NAME WOODY, SHARON
STREET ADDRESS 7525 SHARBETH DRIVE S.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD
NAME SHARON WOODY
STREET ADDRESS 7525 SHARBETH DR. S.
CITY-ST-ZIP JACK FL 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME JENNY Skipper
STREET ADDRESS 6612 ARANCO DR. W.
CITY-ST-ZIP JACK FL 32244 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90223 020 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)