## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32500

FILED Jan 18, 2005 Secretary of State

Entity Name: PROMISED LAND OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

7776 MORSE AVENUE 896 CHAPMAN DRIVE JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

7525 SHARBETH DR. S 896 CHAPMAN DRIVE

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32221 US

FEI Number: 59-3311955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WOODY, DAVID P
7525 SHARBETH DRIVE SOUTH
JACKSONVILLE, FL 32210 US
WOODY, DAVID P
896 CHAPMAN DRIVE
JACKSONVILLE, FL 32221 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: 01/18/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 WOODY, DAVID P

 Name:
 WOODY, DAVID P

 Address:
 7525 SHARBETH ON S.
 Address:
 896 CHAPMAN DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: KNOWLES, EARL Name: GRANT, MICHELLE

Address: 7429 BOB D LIK RD Address: 9033 FALLSMILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32244

Title: TDS ( ) Delete Title: TDS (X) Change ( ) Addition

 Name:
 WOODY, SHARON
 Name:
 WOODY, SHARON

 Address:
 7525 SHARBETH DRIVE S.
 Address:
 896 CHAPMAN DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAID P. WOODY P 01/18/2005