

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000005688 (5)**

1. Corporation Name

PROMISE LAND TABERNACLE, INC.

Principal Place of Business

Mailing Address

**3144 3RD ST.
DAVENPORT FL 33837**

**1717 35TH ST., NW
WINTER HAVEN FL 33881-1923**

3. Date Incorporated or Qualified **11/30/1995** 3a. Date of Last Report **04/25/1996**

| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 136 JACK PINE STREET | 26 4785 PAHOKEE AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 LAKE WALES, FL. | 28 LAKE WALES, FL. |
| Zip | Zip |
| Country | Country |
| 24 33853 | 29 33853 |
| 25 POIK | 30 POIK |

| | |
|---|---------------------------------------|
| 4. FEI Number | Applied For |
| 65-063479 | APPLIED FOR |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEADOWS, JEFF
1717 35TH ST., NW
WINTER HAVEN FL 33881**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | POPE, MARY | |
| STREET ADDRESS | 3144 3RD ST. | |
| CITY-ST-ZIP | DAVENPORT FL 33837 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SIZEMORE, ALFRED L | |
| STREET ADDRESS | 2425 AVE. D., S.W. | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIZEMORE, EMETTA L | |
| STREET ADDRESS | 2425 AVE. D., S.W. | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JENT, LARRY D | |
| STREET ADDRESS | 1727 MONTEE LN | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |
| TITLE | VICE - PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | MARK A. BOZEMAN | |
| STREET ADDRESS | 498 ORANGE STREET | |
| CITY-ST-ZIP | Gaines City, FL 33844 | |
| TITLE | SECRETARY / TREASURER | <input type="checkbox"/> DELETE |
| NAME | MARLIA LYNN MEADOWS | |
| STREET ADDRESS | 4785 PAHOKEE AVE. | |
| CITY-ST-ZIP | LAKE WALES, FL 33853 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JEFF MEADOWS

4-8-97 941-537-1899

CR2E037 (9/96)