

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90212 044 \*\*\*\*61.25

00000000



03212006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N96000003733</b> 1. Entity Name <b>PROMISE LAND MINISTRIES OF KISSIMMEE, INC.</b>																																																																																																																																																																					
Principal Place of Business <b>2006 SMITH ST. KISSIMMEE, FL 34744 US</b>			Mailing Address <b>2006 SMITH ST. KISSIMMEE, FL 34744 US</b>																																																																																																																																																																		
2. Principal Place of Business			3. Mailing Address																																																																																																																																																																		
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4. FEI Number <b>59-2988218</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>MCCLARY, THOMAS 6007 BEAU LN. ORLANDO, FL 32808</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																																	
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																																																																	
Make check payable to <b>Florida Department of State</b>																																																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.																																																																																																																																																																					
SIGNATURE: <u>Reuben V. Piper</u> <span style="float: right;">4-22-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																					