

• 2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000773**

1. Entity Name  
PROMISE LAND BAPTIST CHURCH, INC.



Principal Place of Business  
2197 BLAIR RD  
JACKSONVILLE, FL 32221

Mailing Address  
10343 NORMANDY BLVD  
JACKSONVILLE, FL 32221



03282006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3427130

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALLARD, THOMAS L  
2715 PARRISH CEMETERY ROAD  
JACKSONVILLE, FL 32221

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WHITCOMB, STEVE  
STREET ADDRESS 1239 SORRELLS CT  
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE D  
NAME BARKER, ROY  
STREET ADDRESS 1310 MC GIRT'S CREEK DR  
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE D  
NAME BRUNSON, JOE  
STREET ADDRESS 1685 MT. VERNON DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000500883  
04/25/06-80040-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

904-188-9980

Date

Daytime Phone (if)