

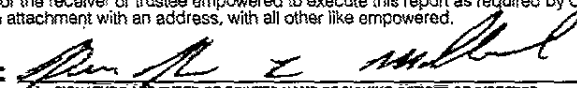


FILED
Jan 11, 2007 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3427130	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000583765 01/12/07-80010-005 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITCOMB, STEVE 1239 SORRELLS CT JACKSONVILLE, FL 32221		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARKER, ROY 1310 MC GIRT'S CREEK DR JACKSONVILLE, FL 32221		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNSON, JOE 1685 MT. VERNON DR. JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		01/04/07 904-783-9980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	