

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001425

1. Entity Name

PROMISE LAND MINISTRIES LIGHTHOUSE, INC.

Principal Place of Business

20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

Mailing Address

20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, BILLIE  
20 CHURCH ROAD  
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, BRUCE	
STREET ADDRESS	3173 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, BILLIE	
STREET ADDRESS	3173 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CREEKMORE, RONALD	
STREET ADDRESS	20 CHURCH ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVID ROWE	
STREET ADDRESS	372 Friendship Church Rd.	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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

BRUCE 4-17-01 850 926 3281

Date

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90250 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3653420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)