2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N99000000694

Entity Name: PROMISE LAND MINISTRIES LIGHTHOUSE, INC.

Current Principal Place of Business:

20 CHURCH ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

20 CHURCH ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3555581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMEL, GLENN
20 CHURCH ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAMEL, GLENN
Address: 20 CHURCH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete
Name: DAVIS, BRUCE
Address: 3173 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: TD ( ) Delete
Name: DAVIS, BILLIE
Address: 3173 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: SD ( ) Delete
Name: HAMEL, VERA
Address: 376 FLOYD GRAY RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: BROWN, JOSEPH F
Address: 16 CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN M, HAMEL PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date