2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
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:

20 CHURCH ROAD
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

20 CHURCH ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

20 CHURCH ROAD
CRAWFORDVILLE, FL 32327 US

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 M
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: P
Name: HAMEL, GLENN
Address: 376 FLOYD GRAY RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: DAVIS, BRUCE
Address: 3173 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: S
Name: DAVIS, BILLIE
Address: 3173 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: T
Name: HAMEL, VERA N
Address: 376 FLOYD GRAY RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: BROWN, JOE
Address: 20 CHURCH ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: GLENN M. HAMEL P 01/06/2012

Electronic Signature of Signing Officer or Director Date