2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# N99000002924

Entity Name: LAND OF PROMISE MINISTRIES, MISSIONS, INC.

Current Principal Place of Business:

17902 VILLA CREEK DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 46883
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3490367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HECKER, CHARLES R JR.
17902 VILLA CREEK DR
TAMPA, FL 33647 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	( ) Delete
Name:	HECKER, CHARLES R JR.	
Address:	17902 VILLA CREEK DR .	
City-St-Zip:	TAMPA, FL 33647	
Title:	T	( ) Delete
Name:	HECKER, DEBORAH A	
Address:	17902 VILLA CREEK DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	HECKER, CASSANDRA	
Address:	38939 C AVE	
City-St-Zip:	ZEPHYRHILLS, FL 33540	
Title:	D	( ) Delete
Name:	JOSEPH, ERICA	
Address:	4514 N. 34TH ST.	
City-St-Zip:	TAMPA, FL 33610	

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:	D	(X) Change ( ) Addition
Name:	HECKER, BRANDON R	
Address:	17902 VILLA CREEK DR.	
City-St-Zip:	TAMPA, FL 33647	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH A. HECKER T 05/13/2004

Electronic Signature of Signing Officer or Director — Date