

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002924

FILED
Apr 28, 2007
Secretary of State

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

Current Principal Place of Business:

4717 WHITE BAY CIRCLE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

4717 WHITE BAY CIRCLE
WESLEY CHAPEL, FL 33544

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.
4717 WHITE BAY CIRCLE
WESLEY CHAPEL, FL, FL 33544 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: 4717 WHITE BAY CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T () Delete
Name: HECKER, DEBORAH A
Address: 4717 WHITE BAY CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: VANCUREN, CASSANDRA D
Address: 38939 C AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: HECKER, BRANDON R
Address: 4717 WHITE BAY CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

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: DEBORAH A HECKER

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04/28/2007

Electronic Signature of Signing Officer or Director

Date