

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007456

**Entity Name:** NETWORK OF PROMISE INC.**Current Principal Place of Business:**4626 KEENE ROAD  
PLANT CITY, FL 33565**Current Mailing Address:**4626 KEENE ROAD  
PLANT CITY, FL 33565**FEI Number:** 33-1120513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRICKLAND, JOHN  
4626 KEENE ROAD  
PLANT CITY, FL 33565 US*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**Officer/Director Detail :**

Title	PVST
Name	STRICKLAND, JOHN
Address	4626 KEENE ROAD
City-State-Zip:	PLANT CITY FL 33565

Title	D
Name	STRICKLAND, JOHN
Address	4626 KEENE ROAD
City-State-Zip:	PLANT CITY FL 33565

Title	D
Name	THOMAS, RON
Address	39651 SWEETGUM AVE.
City-State-Zip:	ZEPHRYHILLS FL 33542

Title	D
Name	MONEY, JERRY
Address	2708 KEENE CAMPBELL RD
City-State-Zip:	PLANT CITY FL 33565

Title	D
Name	STRICKLAND, DORA
Address	4626 KEENE ROAD
City-State-Zip:	PLANT CITY FL 33565

*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:** JOHN STRICKLAND

PVST

03/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date