

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010865

**Entity Name:** PROMISE LOVE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

123 LAKE DR.  
LUTZ, FL 33548

**Current Mailing Address:**

123 LAKE DR.  
LUTZ, FL 33548

**FEI Number: 46-4954672**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARRIE WILDES PHOTOGRAPHY INC  
123 LAKE DR.  
LUTZ, FL 33548 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 P  
Name WILDES, CARRIE M  
Address 123 LAKE DR.  
City-State-Zip: LUTZ FL 33548

Title SEC  
Name WILDES, DAVID L  
Address 123 LAKE DR.  
City-State-Zip: LUTZ FL 33548

Title VP  
Name NAZARIO, HOLLY  
Address 18172 CANAL POINTE ST.  
City-State-Zip: TAMPA FL 33647

Title TRE  
Name NAZARIO, SAUL  
Address 18172 CANAL POINTE ST.  
City-State-Zip: TAMPA FL 33647

*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: CARRIE WILDES**

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date