

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 746334 1. Entity Name THE POTTER'S CHURCH, INC.	
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Principal Place of Business 10205 US HWY #1 PO BOX 780405 SEBASTIAN, FL 32978	Mailing Address 10205 US HWY #1 PO BOX 780405 SEBASTIAN, FL 32978
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DO NOT WRITE IN THIS SPACE




01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2255136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent POOLE, GENE 1805 SW 15TH STREET VERO BEACH, FL 32962
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gene Poole</u>  DATE <u>4-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POOLE, HELEN 1805 SW 15TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POOLE, GENE 1805 SW 15TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LILLY, RENA 537 ALBATROSS TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000294634 04/08/05-80075-022 61.25</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Helen Poole</u>  <u>4-4-05</u> <u>969-4138</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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