


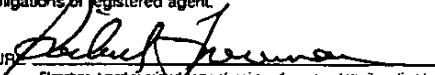
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-05-2007 90012 015 ****61.25

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DOCUMENT # N06000004861			
1. Entity Name POTTER'S CLAY CHRISTIAN COMMUNITY CHURCH, INC.			
Principal Place of Business 13243 ELLISON WILSON RD JUNO BEACH, FL 33408		Mailing Address 13243 ELLISON WILSON RD JUNO BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # 4300 S. US HWY 1		3. Mailing Address same	
Suite, Apt. #, etc. STE. 203-174		Suite, Apt. #, etc.	
City & State JUPITER, FL		City & State	
Zip 33477	Country USA	Zip	Country
4. FEI Number 75-3216795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYERLY, EVELYN 7022 EDMERE TERSON RD PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name: Richard Freseman Street Address (P.O. Box Number is Not Acceptable) 419 Anchorage Lane City: North Palm Beach FL Zip Code: 33408	
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: 		SIGNATURE: RICHARD FRESEMAN DATE: 5/21/07	
Filing Fee is 661.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete	NAME: TURPIN, MEG STREET ADDRESS: 4215 N FLAGLER DR CITY-ST-ZIP: WPB, FL 33407	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Nancy Stanton STREET ADDRESS: 209 Honeysuckle Dr. CITY-ST-ZIP: Jupiter, FL 33458
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: REIKENIS, CAROLYN STREET ADDRESS: 701 WARREN DR CITY-ST-ZIP: JUPITER, FL 33458	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Todd Hartman STREET ADDRESS: 5545 Eagle Lake Dr. CITY-ST-ZIP: PBG, FL 33418
TITLE: D <input type="checkbox"/> Delete	NAME: BUTTS, DEREK STREET ADDRESS: 3478 W COMMUNITY DR CITY-ST-ZIP: JUPITER, FL 33458	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: TOM DAVIS STREET ADDRESS: 8646 SE Alabama Pl. CITY-ST-ZIP: Hobe Sound, FL 33455
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: LYERLY, EVELYN STREET ADDRESS: 7022 EDMERE TER CITY-ST-ZIP: PALM BEACH GARDENS, FL 33410	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: HOFMEISTER, SCOTT STREET ADDRESS: 400 N LOXAHATCHEE DR CITY-ST-ZIP: JUPITER, FL 33458	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete	NAME: FRESEMAN, RICHARD D STREET ADDRESS: 419 ANCHORAGE LANE CITY-ST-ZIP: NORTH PALM BEACH, FL 33408	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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