FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001539 (6)

1. Corporation Name

TONYA POTTER MINISTRIES, INC.

Principal Place of Business
9926 120TH CT.
SEMINOLE FL 34642

Mailing Address
9926 120TH CT.
SEMINOLE FL 34642

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 08/25/1995

4. FEI Number: 59-3178059 — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

POTTER, TONYA
9926 120TH CT
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~ Director	☐ DELETE
NAME	FOSTER, DONNA	
STREET ADDRESS	507 GARDENIA ST.	
CITY-ST-ZIP	BELLEAIR FL 34616	
TITLE	~~VD~~ Director	☐ DELETE
NAME	BAKER, CORINNE	
STREET ADDRESS	1825 JESSICA RD.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	~~SD~~ Director	☐ DELETE
NAME	VELTMAN, KATHY	
STREET ADDRESS	3130 TIFFANY DR	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	TD	☑ DELETE
NAME	SWARTOUT, KATHY	
STREET ADDRESS	1504 FOSSE RD	
CITY-ST-ZIP	MARION IL 62959	
TITLE	VD	☐ DELETE
NAME	POTTER, TONYA	
STREET ADDRESS	9926 120TH CT	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☐ Addition
1.2 NAME	BETH DAVIES	
1.3 STREET ADDRESS	134 97 ALPINE AVE	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
2.1 TITLE	V. President	☐ Change ☐ Addition
2.2 NAME	VICTORIA LOKEY	
2.3 STREET ADDRESS	485 Park Ave	
2.4 CITY-ST-ZIP	Belleair, FL 34616	
3.1 TITLE	Sec	☐ Change ☐ Addition
3.2 NAME	KENNY MANN	
3.3 STREET ADDRESS	540 Karillon Pky Apt 3087	
3.4 CITY-ST-ZIP	St. Pete, FL 33716	
4.1 TITLE	Treas	☐ Change ☐ Addition
4.2 NAME	Al Duran	
4.3 STREET ADDRESS	5800 Calibre Downs Lane #2503	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34614	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	400001863164	
5.3 STREET ADDRESS	-06/17/96--01020--036	
5.4 CITY-ST-ZIP	~~***61.25~~	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tonya Potter Tonya Potter — Date: 4/29/96 — Daytime Phone #: 813-397-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)