

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90007 011 \*\*\*\*61.25

**DOCUMENT # N00000005359**

1. Entity Name

**IN THE POTTER'S HOUSE MINISTRIES, INC.**

Principal Place of Business

214 1/2 59TH AVE  
 ST PETERSBURG FL 33706

Mailing Address

214 1/2 59TH AVE  
 ST PETERSBURG FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3667003

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPE, GIOVANNA  
 214 1/2 59TH AVE  
 ST PETERSBURG FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Giovanna Pepe* (HP) error

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-18-01

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	PEPE, GIOVANNA	
CITY-ST-ZIP	214 1/2 59TH AVE ST PETERSBURG FL 33706	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JALKANEN, DONNA	
CITY-ST-ZIP	214 1/2 59TH AVE ST PETERSBURG FL 33706	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	SEMONCHIK, HELEN	
CITY-ST-ZIP	3639 2ND AVE NORTH ST PETERSBURG FL 33713	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Giovanna Pepe (GIOVANNA PEPE)*  
*Donna Jalkanen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-18-00

CP2E037 (10/00)

11019751



DO NOT WRITE IN THIS SPACE