

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005359

**FILED  
Jan 09, 2004  
Secretary of State**

**Entity Name:** IN THE POTTER'S HOUSE MINISTRIES, INC.

**Current Principal Place of Business:**

4241 EAGLE WATCH BVD.  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4241 EAGLE WATCH BVD.  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 59-3667003      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEPE, GIOVANNA  
4241 EAGLE WATCH BVD.  
PALM HARBOR, FL 34685

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

JALKANEN, DONNA  
4241 EAGLE WATCH BVD.  
PALM HARBOR, FL 34685

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: DONNA JALKANEN      01/09/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: PEPE, GIOVANNA  
Address: 4241 EAGLE WATCH BVD.  
City-St-Zip: PALM HARBOR, FL 34685

Title: DST      ( ) Delete  
Name: JALKANEN, DONNA  
Address: 4241 EAGLE WATCH BVD.  
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP      ( ) Delete  
Name: SEMONCHIK, HELEN  
Address: 3639 2ND AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONNA JALKANEN      O/D      01/09/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date