

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90033 027 \*\*\*\*61.25

**DOCUMENT # N00000005850**

**1. Entity Name**

THE POTTER'S HOUSE OF SANTA ROSA, INC.



**Principal Place of Business**

4529-A CHUMUKLA HIGHWAY  
PACE FL

**Mailing Address**

PO BOX 2076  
PACE FL 32571  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**



MOORE

CR2E037 (11/03)

**4. FEI Number**

59-3664595

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ALVARE', CHARLES J  
6130 CURTIS RD  
PACE FL 32571

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** D ☐ Delete  
**NAME** BUCHANAN, R. MORRIS  
**STREET ADDRESS** 4641 EVELYN ST  
**CITY - ST - ZIP** PACE FL 32571

**TITLE** D ☐ Delete  
**NAME** BUCHANAN, CAMMIE  
**STREET ADDRESS** 4641 EVELYN ST  
**CITY - ST - ZIP** PACE FL 32571

**TITLE** D ☐ Delete  
**NAME** ALVARE', CHARLES J  
**STREET ADDRESS** 6130 CURTIS RD  
**CITY - ST - ZIP** PACE FL 32571

**TITLE** D ☐ Delete  
**NAME** ALVARE', MARIE-CLAIRE  
**STREET ADDRESS** 6130 CURTIS RD  
**CITY - ST - ZIP** PACE FL 32571

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

*Marie-Claire Alvaré*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE-CLAIRE ALVARE' 4/9/04

Date

8509949239

Daytime Phone #