


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # N00000005850</b><br>1. Entity Name<br>THE POTTER'S HOUSE OF SANTA ROSA, INC.  |   |   |   |    |  |
| Principal Place of Business<br>4529-A CHUMUKLA HIGHWAY<br>PACE FL   |   |   | Mailing Address<br>PO BOX 2076<br>PACE FL 32571<br>US   |   |  |
| 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 <b>59-3664595</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$8.75</b> Additional<br>Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALVARE', CHARLES J</b><br><b>6130 CURTIS RD</b><br><b>PACE FL 32571</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |   |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | D <input type="checkbox"/> Delete<br><b>BUCHANAN, R. MORRIS</b>   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>UN00000222358</b><br/> <b>02/09/05-80072-015 61.25</b> </div> |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  | <b>4641 EVELYN ST</b>   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | <b>PACE FL 32571</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete<br><b>BUCHANAN, CAMMIE</b>      |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  | <b>4641 EVELYN ST</b>   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | <b>PACE FL 32571</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete<br><b>ALVARE', CHARLES J</b>    |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  | <b>6130 CURTIS RD</b>   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | <b>PACE FL 32571</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete<br><b>ALVARE', MARIE-CLAIRE</b> |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  | <b>6130 CURTIS RD</b>   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | <b>PACE FL 32571</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |   |   | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |   |   | 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)(f), 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. |   |   |   |   |  |
| <b>SIGNATURE: Marie Claire Alvare MARIE-CLAIRE ALVARE 2/5/05 8509949239</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |   |  |