

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 08:00 A
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

ALVARE', CHARLES J
6130 CURTIS RD
PACE FL 32571

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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
U00000851163
03/25/08-80025-025 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Alvare' MARIE-CLAIRE ALVARE' 3/4/08 8509949739