## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100005747 1. Entity Name POTTER'S HOUSE DELIVERANCE TABERNACLE, INC. Principal Place of Business Mailing Address 11864 BRANCH MOORING DRIVE TAMPA FL 33635 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State City & State Ausser, PATRICIA 11864 BRANCH MOORING DRIVE Street Address (P.C. Street Address (P.C. Street Address (P.C.)

## FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90187 050 \*\*\*\*61.25



|   |  | Suit                 | uite, Apt. #, etc.<br>Sity & State |  |                   | DO NOT WRITE IN THIS SPACE        |                  |                     |                             |                               |
|---|--|----------------------|------------------------------------|--|-------------------|-----------------------------------|------------------|---------------------|-----------------------------|-------------------------------|
|   |  | City                 |                                    |  |                   | 4. FEI Number 59-3739412          |                  |                     |                             | Applied For<br>Not Applicable |
| Zip   | Country  | Zip                  |                                    | Country  |                   | 5. Certificate of St              |                  |                     | <b>\$8.75</b> A<br>Fee Requ | Additional                    |
| 6.  | 7. Name and Address of New Registered Agent                        |                      |                                    |  |                   |                                   |                  |                     |                             |                               |
|   | Name and Address of Current  |                      |                                    |  |                   | ales en a <del>diren</del> ça mes | نسامه سيوسو سومي |                     | -<br>میسچو وو               |                               |
| HAUSER, PATRICIA<br>11864 BRANCH MOORING DRIVE      |  |                      |                                    | Street Address (P.O. Box Number is Not Acceptable) |                   |                                   |                  |                     |                             |                               |
| TAMPA FL 336  | i <b>35</b>  |                      |                                    | City   |                   |                                   | <del></del>      | FL                  | Zìp C                       | ode                           |
| 8. The above name                                   | ed entity submits this statement fo                                | or the purpo         | se of changing its                 | registered office of                               | or registe        | ered agent, or both, in           | the state of Flo | rida.               |                             | ·                             |
| 2. 4  | atrici a Agus  | سيه                  |                                    |  |                   |                                   |                  | 4/30                | 102                         |                               |
| Signal Signal                                       | ture, typed or printed name of registered agent                    | t and title if appli | cable. (NOTE                       | : Registered Agent signa                           | ture requir       | ed when reinstating)              |                  | DATE                |                             |                               |
| FILE NOW: FEE IS \$61.25  9. Election Ca Trust Fund |  |                      |                                    | npalgn Financing contribution.                     |                   | \$5.00 May Be<br>Added to Fees    | J                | ke Checl<br>epartme | -                           |                               |
| 10.   | OFFICERS AND DI  | RECTORS              |                                    | 11.  |                   | ADDITIONS/CHANG                   | ES TO OFFICE     | RS AND DII          | RECTORS                     | IN 10                         |
| TITLE PD HAVE STREET ADDRESS 118                    | USER, PATRICIA<br>864 BRANCH MOORING DRIVI<br>MPA FL 33635         | E                    | Delete                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |                   |                                   |                  |                     | ☐ Chang                     | ge 🗌 Addition                 |
| TITLE VD HAV STREET ADDRESS 118                     |  | E                    | □ Delete                           | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP           |                   |                                   |                  | <del>.</del>        | ☐ Chang                     | e 🗌 Addition                  |
| NAME THO  | OMAS-SWOOP, VICKIE<br>88 CARNES CROSSING CIRCI<br>NESBORO GA 30236 |                      | □ Delete                           | NAME STREET ADDRESS CITY-ST-ZIP                    | بالار چار<br>ا    | ا تان پائٹ اکٹی جید سے کافینسگ    |                  | <u> </u>            | ☐ Chang                     | e 🗖 Addition                  |
| TITLE SD SPE SPE STREET ADDRESS 820                 |  |                      | ☐ Delete                           | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |                   |                                   |                  |                     | ☐ Chang                     | ge 🗌 Addition                 |
| TITLE STILL STREET ADDRESS 531                      |  | ****                 | <b>⊠</b> Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP              | Sun<br>861<br>TAT | ns , Socially<br>3 Snowy Ou       | SL Way<br>3447   |                     | Chang                       | ge 🗌 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP               | y that the information supplied wit                                |                      | ☐ Delete                           | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |                   |                                   |                  |                     | ☐ Chang                     |                               |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

813-927-8711

Daytime Phone #