

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005747

FILED
Feb 10, 2006
Secretary of State

Entity Name: POTTER'S HOUSE DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

11864 BRANCH MOORING DRIVE
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

11864 BRANCH MOORING DRIVE
TAMPA, FL 33635

New Mailing Address:

FEI Number: 59-3739412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSER, PATRICIA
11864 BRANCH MOORING DRIVE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAUSER, PATRICIA
Address: 11864 BRANCH MOORING DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VD () Delete
Name: HAUSER, RODERICK
Address: 11864 BRANCH MOORING DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VD () Delete
Name: THOMAS-SWOOP, VICKIE
Address: 9288 CARNES CROSSING CIRCLE
City-St-Zip: JONESBORO, GA 30236

Title: SD () Delete
Name: JACKSON, DENISE
Address: 1414 E SENECA ST
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: CORNELIUS, CLINTON
Address: 510 S CHARLESTON AVE
City-St-Zip: FORT MEADE, FL 33841

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:

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 Chapter 119, 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: PATRICIAHAUSER

PD

02/10/2006

Electronic Signature of Signing Officer or Director

Date