

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005747

FILED  
Apr 29, 2008  
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: TD (X) Change ( ) Addition  
Name: SIMS, SARAH  
Address: 14516 SEAFORD CIRCLE #202  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA HAUSER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date