2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N01000005747

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:

3111 EAST WILDER AVE
TAMPA, FL 33610

Current Mailing Address:

11864 BRANCH MOORING DRIVE
TAMPA, FL 33635

New Mailing Address:

3111 EAST WILDER AVE
TAMPA, FL 33610

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	(X) 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:	SIMS, SARAH	
Address:	14516 SEAFORD CIRCLE #202	
City-St-Zip:	TAMPA, FL 33613	

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 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 D 01/26/2009
Electronic Signature of Signing Officer or Director — Date