

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90072 032 \*\*\*\*70.00

**DOCUMENT # N01000005747**

1. Entity Name

**POTTER'S HOUSE DELIVERANCE TABERNACLE, INC.**



Principal Place of Business

**11864 BRANCH MOORING DRIVE  
TAMPA FL 33635**

Mailing Address

**11864 BRANCH MOORING DRIVE  
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3739412**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HAUSER, PATRICIA**  
STREET ADDRESS **11864 BRANCH MOORING DRIVE**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **VD** ☐ Delete  
NAME **HAUSER, RODERICK**  
STREET ADDRESS **11864 BRANCH MOORING DRIVE**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **VD** ☐ Delete  
NAME **THOMAS-SWOOP, VICKIE**  
STREET ADDRESS **9288 CARNES CROSSING CIRCLE**  
CITY-ST-ZIP **JONESBORO GA 30236**

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

TITLE **SD** ☒ Delete  
NAME **SPEIGHT, NATHALIE**  
STREET ADDRESS **8203 DOWN FIELD LANE**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Denise Jackson**  
STREET ADDRESS **1414 E Seneca St**  
CITY-ST-ZIP **Tampa FL 33612**

TITLE **TD** ☒ Delete  
NAME **SIMS, SARAH**  
STREET ADDRESS **8613 SNOWY OWL WAY**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Cornelius, Clinton**  
STREET ADDRESS **510 S. Charleston Ave**  
CITY-ST-ZIP **Fort Meade FL 33841**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Patricia Hauser*

3-10-03 813-814-1105

CR2E037 (10/02)