

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005748

FILED
Jan 26, 2009
Secretary of State

Entity Name: POTTER'S HOUSE COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

3111 EAST WILDER AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3111 EAST WILDER AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3739413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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, RODERICK
Address: 11864 BRANCH MOORING DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VD () Delete
Name: SIMS, SARAH P
Address: 14516 SEAFORD CIRCLE
City-St-Zip: TAMPA, FL 33613

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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