2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N02000002104

Entity Name: THE POTTER'S HOUSE OF WEWAHITCHKA, INC.

Current Principal Place of Business:

636 SOUTH 2ND STREET
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 631
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 32-0003426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAMAN, RODNEY G REV.
197 QUAIL DEN DRIVE
WEWAHITCHKA, FL 32465 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: LEAMAN, RODNEY G REV.
Address: 636 SOUTH 2ND STREET
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: PITTS, ROY H
Address: 449 PINE STREET
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: MAYHANN, BILLY J
Address: GASKIN STILL ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: BUZZETT, CHARLES B
Address: 102 YAUPON STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: S ( ) Delete
Name: PITTS, BEVERLY E
Address: 449 PINE STREET
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAYHANN, BILLY J
Address: 190 ASTRO COURT
City-St-Zip: WEWAHITCHKA, FL 32465

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 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 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: BEVERLY E. PITTS S 04/29/2005

Electronic Signature of Signing Officer or Director — Date