

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90188 045 ****70.00

DOCUMENT # N02000005238

1. Entity Name

THE FOUNDATION OF SELF, A CHURCH, INC.



Principal Place of Business

18700 LAKE IOLA ROAD
DADE CITY FL 33523

Mailing Address

18700 LAKE IOLA ROAD
DADE CITY FL 33523

34063906

2. Principal Place of Business

18700 Lake Iola Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

4. FEI Number ³⁷⁵
55-0858 ~~APPLIED FOR~~

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTBERG, CLIFTON F
18700 LAKE IOLA ROAD
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name

- n/a

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

City

FL

Zip Code

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

Clifton Pottberg

CLIFTON POTTBERG

4.20.04

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
Due By May 1, 2004

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

TITLE
NAME BORCHERS, MARIAN N ☐ Delete
STREET ADDRESS 18724 LAKE IOLA ROAD
CITY - ST - ZIP DADE CITY FL 33523

TITLE
NAME PARTIN, CHARLES S ☐ Delete
STREET ADDRESS 7335 CANDLELIGHT COURT
CITY - ST - ZIP NEW PORT RICHEY FL 34652

TITLE
NAME POTTBERG, CLIFTON F ☐ Delete
STREET ADDRESS 18700 LAKE IOLA ROAD
CITY - ST - ZIP DADE CITY FL 33523

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME ☐ Change ☐ Addition
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: X

Clifton Pottberg

CLIFTON POTTBERG 4.20.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 588-3300