

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

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

04-21-2003 90366 041 \*\*\*\*\*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**

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

**same**

Zip

**33523**

Country

**USA**

Zip

**same**

Country

**same**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

**4.15.03**

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          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>BORCHERS, MARIAN N</b>       |                                 |
| STREET ADDRESS | <b>18724 LAKE IOLA ROAD</b>     |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33523</b>       |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>PARTIN, CHARLES S</b>        |                                 |
| STREET ADDRESS | <b>7335 CANDLELIGHT COURT</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW PORT RICHEY FL 34652</b> |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>POTTBERG, CLIFTON F</b>      |                                 |
| STREET ADDRESS | <b>18700 LAKE IOLA ROAD</b>     |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33523</b>       |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED CLIFTON POTTBERG 4.15.03**

CR2E037 (10/02)