2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003024

City-St-Zip:

ST PETERSBURG, FL 33710

A. Namasa THE DOTTEDIO MINHOTDIE

FILED Jul 07, 2005 Secretary of State

Entity Name: THE POTTER'S MINISTRIES, INC.				
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
	HAVES STE 18F RSBURG, FL 33711			
Current Mailing Address:		New Maili	New Mailing Address:	
	HAVES STE 18F RSBURG, FL 33711			
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not rece	· ·	ce.	
Name and	Address of Current Registered Agent:	Name and	I Address of New Registered Agent:	
3871 38TH	N, ANGELENE H AVE S STE 18F RSBURG, FL 33711 US			
	named entity submits this statement for the purpo e of Florida.	se of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TP () Delete JOHNSON, ANGELENE 3871 38TH AVE S STE 18F ST PETERSBURG, FL 33711	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TV () Delete DILWORTH, GABRIEL 379 47TH AVE N APT 102 ST PETERSBURG, FL 33703	Title: Name: Address: City-St-Zip:	TM (X) Change () Addition JOHNSON, MCCLEATA J 2140 - 52ND TERR S APT 7 ST PETERSBURG, FL 33712	
Title: Name: Address: City-St-Zip:	TS () Delete STEIGHTS, DOMINIQUE D 2140 52ND TERR S APT 7 ST PETERSBURG, FL 33712	Title: Name: Address: City-St-Zip:	TV (X) Change () Addition STEIGHTS, DOMINIQUE D 2140 52ND TERR S APT 7 ST PETERSBURG, FL 33712	
Title: Name: Address: City-St-Zip:	T,T (X) Delete JOHNSON, MCCLEATA J 2140 52ND TERR S APT 7 ST PETERSBURG, FL 33712	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TM (X) Delete SESLER, LINDA L 5946 5TH AVE N #B-3	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ANGELENE C JOHNSON TP 07/07/2005