

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008932

FILED  
Sep 07, 2006  
Secretary of State

Entity Name: POTTERS HOUSE, INC.

## Current Principal Place of Business:

1511 RUBY STREET  
LIVE OAK, FL 32064

## New Principal Place of Business:

## Current Mailing Address:

1511 RUBY STREET  
LIVE OAK, FL 32064

## New Mailing Address:

FEI Number: 14-1911666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FOUNTAIN, ALEX SR  
1511 RUBY STREET  
LIVE OAK, FL 32064      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: CEOP      ( ) Delete  
Name: FOUNTAIN, ALEX SR  
Address: 1511 RUBY STREET  
City-St-Zip: LIVE OAK, FL 32064

Title: T      ( ) Delete  
Name: FORD, WILLIE SR  
Address: 19528 COUNTY ROAD  
City-St-Zip: LIVE OAK, FL 32060

Title: S      ( ) Delete  
Name: WILLIAMS, INEZ  
Address: 710 BRAIN AVE NW  
City-St-Zip: LIVE OAK, FL 32064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S      (X) Change ( ) Addition  
Name: WILLIAMS, INEZ  
Address: 710 BROWN AVE NW  
City-St-Zip: LIVE OAK, FL 32064

I hereby certify that the information supplied with this filing does not qualify for the 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: INEZ WILLIAMS

S

09/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date