

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001065

FILED
Apr 15, 2009
Secretary of State

Entity Name: POTTER'S WHEEL ACADEMY, INCORPORATED

Current Principal Place of Business:

1520 GALVIN AVE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

1520 GALVIN AVE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 61-1482058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JORDAN, DELORES E
1520 GALVIN AVENUE
PENSACOLA, FL 32526 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: CEO () Delete
Name: JORDAN, DELORES E
Address: 1520 GALVIN AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: S () Delete
Name: WOODARD, DONNA M
Address: 1520 GALVIN AVE
City-St-Zip: BELLVIEW, FL 32526

Title: T () Delete
Name: JORDAN, YOLANDA E
Address: 622 W WRIGHT
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DELORES E. JORDAN

CEO

04/15/2009

Electronic Signature of Signing Officer or Director

Date