

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011354

FILED
May 02, 2007
Secretary of State

Entity Name: POTENTIAL POSSIBILITIES INCORPORATED

Current Principal Place of Business:

2140 NE 2ND STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5665
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

JOHNSON, SHAMEKA L
1210 NE 24TH STREET
GAINESVILLE,, FL 32641 US

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: P () Delete
Name: PHILLIPS, JANICE E
Address: 7202 W. SR 325
City-St-Zip: LACROSEE, FL 32658

Title: VP () Delete
Name: JOHNSON, SHAMEKA
Address: 1210 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANICE PHILLIPS

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date