

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004872

FILED
Apr 24, 2007
Secretary of State

Entity Name: POTTER'S HEART MINISTRIES, INC.

Current Principal Place of Business:

4305 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4305 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HINKLE, DONALD G
4305 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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: C () Delete
Name: HINKLE, DONALD
Address: 4305 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: C () Delete
Name: HINKLE, LINDA
Address: 4305 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: HACKETT, DEBBIE
Address: 166 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: URENA, EDUARDO
Address: 2440 SE SAPELO AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

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: _____

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

Title: D () Change (X) Addition
Name: MCNULTY, MAUREEN
Address: 2302 SUNRISE BLVD APT 1-102
City-St-Zip: FORT PIERCE, FL 34950

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: DONALD G. HINKLE

PSTD

04/24/2007

Electronic Signature of Signing Officer or Director

Date