

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011145

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: POTTER'S TEMPLE, INC.

## Current Principal Place of Business:

13709 MEMORIAL HWY  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

1803 NE 164TH STREET  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

P. O. BOX 610356  
NORTH MIAMI, FL 33256

## New Mailing Address:

P. O. BOX 610356  
NORTH MIAMI, FL 33261

FEI Number: 03-0609120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKENZIE, SULLAVIN B  
13709 MEMORIAL HWY  
NORTH MIAMI, FL., FL 33161 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: P ( ) Delete  
Name: MCKENZIE, SULLAVIN B  
Address: 13709 MEMORIAL HWY  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: WILLIAMS, GENEVA  
Address: 19510 NW 23RD COURT  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D/T ( ) Delete  
Name: GRIFFIN, TRACEY  
Address: 1857 MADISON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: THOMPSON, JULIEO  
Address: 6475 WEST OAKLAND PARK BLVD # 210  
City-St-Zip: LAUDERHILL, FL 33313

Title: S/AT ( ) Delete  
Name: MCKENZIE, TINA  
Address: 13709 MEMORIAL HWY  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MCKINNEY, VERONICA  
Address: 581 NE 13TH STREET  
City-St-Zip: DANNIA BEACH, FL 33004

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

Title: D (X) Change ( ) Addition  
Name: TIMMONS, ROSE  
Address: 13757 MEMORIAL HWY  
City-St-Zip: NORTH MIAMI, FL 33161

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: SULLAVIN MCKENZIE

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date