

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012155

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** POTTER'S HOUSE OF PRAYER MINISTRIES INC.

**Current Principal Place of Business:**

16137 LACANTO STREET  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

16137 LACANTO STREET  
BROOKSVILLE, FL 34604

**New Mailing Address:**

**FEI Number:** 30-0589585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMSON, CARLOS E  
16137 LACANTO STREET  
BROOKSVILLE, FL 34604 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:** DIR  
**Name:** WILLIAMSON, CARLOS E  
**Address:** 16137 LACANTO STREET  
**City-St-Zip:** BROOKSVILLE, FL 34602

**Title:** DIR  
**Name:** WILLIAMSON, DIOMETRA M  
**Address:** 16137 LACANTO STREET  
**City-St-Zip:** BROOKSVILLE, FL 34604

**Title:** DIR  
**Name:** ORITZ, EUGENE L  
**Address:** 13169 JACKLINE RD.  
**City-St-Zip:** SPRING HILL, FL 34613

**Title:** OFFI  
**Name:** WHITE, MICHELLE A  
**Address:** 4007 SPRING PARK WAY  
**City-St-Zip:** BROOKSVILLE, FL 34604

**Title:** OFFI  
**Name:** RUSH, TROY N  
**Address:** 12496 MAYCREST AVE.  
**City-St-Zip:** WEEKI WACHEE, FL 34614

**Title:** OFFI  
**Name:** RUSH, LASHAWN M  
**Address:** 12496 MAYCREST AVE.  
**City-St-Zip:** WEEKI WACHEE, FL 34614

I hereby 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 all other like empowered.

**SIGNATURE:** CARLOS WILLIAMSON

DIRE

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date