

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005303

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** THE POTTER'S MISSION INC.

**Current Principal Place of Business:**

3449 RELAY ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

3455 GOLDEN MEADOW LANE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

3449 RELAY ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

3455 GOLDEN MEADOW LANE  
ORMOND BEACH, FL 32174

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

MOREMEN, GEORGE A REV  
3449 RELAY ROAD  
ORMOND BEACH, FL 32174 US

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

ROBINSON, THOMAS W  
3455 GOLDEN MEADOW LANE  
ORMOND BEACH, FL 32174 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: THOMAS W ROBINSON

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MOREMEN, GEORGE A  
Address: 3455 GOLDEN MEADOW LANE  
City-St-Zip: ORMOND BEACH, FL 32174 FL

Title: CFO  
Name: ROBINSON, THOMAS W  
Address: 3455 GOLDEN MEADOW LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ADM  
Name: MOREMEN, SUSAN A  
Address: 3455 GOLDEN MEADOW LANE  
City-St-Zip: ORMOND BEACH, FL 32174

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: THOMAS W ROBINSON

CFO

03/19/2012

Electronic Signature of Signing Officer or Director

Date