

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17782 (6)

1. Corporation Name

THE POTTER'S HOUSE, INC.



Principal Place of Business

Mailing Address

11471 W SAMPLE RD
CORAL SPRINGS FL 3306511471 W SAMPLE RD
CORAL SPRINGS FL 33065-26963. Date Incorporated or Qualified
11/14/19863a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 3024 NW 94 AVE

2a. Mailing Address

26 P.O. BOX 8641

4. FEI Number
59-2748021Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to FeesZip
24 33065

Country

Zip
29 33065

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, BILLY
41471 W SAMPLE RD
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3024 NW 94 AVE

83

84 City Coral Springs FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *A. Billy Thomas* Rev. Billy Thomas, PASTOR

1/30/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME THOMAS, BILLY
STREET ADDRESS 11471 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 330651.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3024 NW 94 AVE
1.4 CITY-ST-ZIP Coral Springs, FL 33065TITLE SD ☐ DELETE
NAME CUTRIDGE, CARRIE
STREET ADDRESS 11471 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 330652.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2735 NW 92nd AVE
2.4 CITY-ST-ZIP Coral Springs, FL 33065TITLE TD ☒ DELETE
NAME COBB, KEARY
STREET ADDRESS 11471 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 330653.1 TITLE ☐ Change ☒ Addition
3.2 NAME Treasurer
3.3 STREET ADDRESS Valerie Thomas
3.4 CITY-ST-ZIP 3024 NW 94 AVE
Coral Springs, FL 33065TITLE D ☐ DELETE
NAME LEE, ED
STREET ADDRESS 11471 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 330654.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7771 NW 46th St.
4.4 CITY-ST-ZIP Lauderhill, FL 33351TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. Billy Thomas* Rev. Billy Thomas, P.O. 1/30/97 345 0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022138

CR2E037 (9/96)