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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N28221 (2) THE POTTER'S HOUSE CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address										
150 S. LANE AV ACKSONVILLE F				ANE AVE. IVILLE FL 32205-	6234					
S	T UZEOO		US		****		3. Date Incorporated or Qualified 09/07/1988	3a. Da	ite of Last R	eport
9 Principal D	Place of Busines		2a Mai	ling Address		······································	4. FEI Number		4/12/199	
2. Principal P	Tace of busines	55	26	ang Audiess			59-2912536		}}-	oplied For of Applicable
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	te			& State		······································	6. Election Campaign Financing		\$5.00	
23			28				Trust Fund Contribution		Added	
Zıp	-	Country	Zip		Cou	intry	8. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
24	9. Name at	ond Address of Currer	29 nt Registeres	d Agent	30		10. Name and Address of New Re			····
						81 Name				
MCLAUGHLIN, VAUGHN M.				62 Str			dress (P.O. Box Number is Not Acceptal	ole)		·
	LINGSGATE L								····	·
JACKSON	MILLE FL 32	205				83				
						84 City		FL	85 Zip	Code
11. Pursuant	to the provision	ns of Sections 617.050	2 and 617.1	508. Florida Stat	tutes the a	pove-named co	rooration submits this statement for the		changing it	s registered
		and accept the oblig	ations of Sec	ction 617 0503	Florida Sta	lutes	andira could bi directors. I hereby about	b. a.c app		-
SIGNATURE		printed name of registered age	eni and title if app	licable. (N	OTE: Registere		rporation submits this statement for the ation's board of directors. I hereby acce	DATE		
SIGNATURE	Signature, typed or		eni and title if app	licable. (N	OTE: Registere	d Agent signature req		DATE	DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or	printed name of registered age OFFICERS AN	eni and title if app	licable. (N	OTE: Registere	d Agent signature req	wired when reinslating)	DATE		
SIGNATURE	Signature, typed or PD MCLAUGHL	printed name of registered ago OFFICERS AN JN, VAUGHN M.	eni and title if app	licable. (N	OTE: Registere 13. 1.1 TI 1.2 N	d Agent signature req	wired when reinslating)	DATE	DIRECTOR	RS IN 12
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Indicated on this annual report or supplied with this tiling 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 encowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged or on an attachment with an address.

SIGNATURE

THE PARTY OF PRINTED NAME OF BIORING OFFICER OF DIRECTOR

4.29.97

FILED

May 13 1997 8:00am

Secretary of State