2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28221

FILED Jan 12, 2006 Secretary of State

Entity Name: THE POTTER'S HOUSE CHRISTIAN FELLOWSHIP, INC.

US

Current Principal Place of Business: New Principal Place of Business:

5732 NORMANDY BLVD JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

5732 NORMANDY BLVD

JACKSONVILLE, FL 32205 US

FEI Number: 59-2912536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCLAUGHLIN, VAUGHN M.

1015 VICTORY LAKE DRIVE

JACKSONVILLE, FL 32221 US

MCLAUGHLIN, VAUGHN M

1015 VICTORY LAKE DRIVE

JACKSONVILLE, FL 32221 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: VAUGHN MCLAUGHLIN 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 MCLAUGHLIN, VAUGHN M,
 Name:
 MCLAUGHLIN, VAUGHN M

 Address:
 1015 VICTORY LAKE DR.
 Address:
 1015 VICTORY LAKE DR.

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: VSD () Delete Title: () Change () Addition

 Name:
 MCLAUGHLIN, NARLENE,
 Name:

 Address:
 1015 VICTORY LAKE DR.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SHIDER, RONALD,
 Name:

 Address:
 1044 BLUE HILL DR N
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NARLENE MCLAUGHLIN VP 01/12/2006