2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N28221

1. Entity Name

THE POTTER'S HOUSE CHRISTIAN FELLOWSHIP, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90166 019 ****61.25

| 2. Principal Place of Business | | | | | | | | | | | |
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| ACKSONNULE F1. 2205 B. Principal Place of Business Suite, Apt. #, pric. | Principal Plac | ce of Business | Mailir | ng Address | | | | | | | |
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| Second S | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NCIAUGHUN, VAUGHN M. 8824 BILINGSGATE LANE S. JACKSONVILE FL 32005 City FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Lection Campaign Financing Interest Entire Florida Department of State FILE NOW: FEE IS \$61.25 9. Lection Campaign Financing Interest Entire Florida Department of State MILAUGHUN, VAUGHN M. 924 BILINGSGATE LANE S. JACKSONVILE FL MCLAUGHUN, VAUGHN M. 924 BILINGSGATE LANE S. JACKSONVILE FL Detele MILE MAKE MCLAUGHUN, NAPLENE MCLAUGHUNG MCLAUGHUN, NAPLENE MCLAUGHUNG MCLAUGHUN, NAPLENE MCLAUGHUN, NAPLENE MCLAUGHUNG MCLAUGHUN, NAPLENE MCLAUGHUN, NAPLENE MCLAUGHUN, NAPLENE MCLAUGHUNG MCLAUGHUN, NAPLENE MCLAUGHUN, NAPLENE MCLAUGHUNG MCLAUGHU | City & Star | te | Ci | ty & State | · · · · | | 4. FEI Number 50 | -2912536 | | `` | |
| ### MCLAUGHUN, VAUGHN M. ### Seze ### BLINGSGATE LANE S. ### JACKSONVILE PL 32205 City FL Zip Codo | Zip | Country | Zi | p | Cou | ntry | 5. Certificate of Sta | atus Desired | \$8.75 A | dditional | |
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| B824 BILLINGSCATE LANE S. JACKSONVILE FL 3220S City FL Zip Code City FL Zip Code City FL Zip Code S. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fise Added to Fise Added to Fise Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE MAKE MAKE THE CHANGES STREET ADDRESS STREET ADD | | | | | | –Name | | _% <u></u> | | | |
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| B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature board or important agent and see / scokcabe. (NOTE Registered Agent signature requireds when remalating) DATE | | | | | | | | | | | |
| s. 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. I am familiar with, and accept mo obligations of registered agent. Significant File Fi | | | | | | City | | | Zip Co | de | |
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| SIGNATURE Signature blook or purised name of requiremed agent and title of applicable. ONOTE Registeric Agent Bignature required when reintability. DATE | | | comonctor the ball | 2000 of orlanging its | | ~ 000 OI 16(| graturou agoing or bottly in | and State of Florida. T | | ., 2200pt | |
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| 12 Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes, I further certify that the information | CITY-ST-ZIP | | | | CITY- | ST-ZIP | | | | | |
| | | Art the Art of the Art | policel with this filing | dage not qualify fo | | | in Continu 110 07(2)(i) Fig | urido Statutas I furthor | r agetify that the | information. | |

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

clene J Mchaughlin 1-15-03 9046950181