

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N28838

1. Entity Name

POTTER MINISTRIES, INC.



FILED

06 MAY -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O ROBERT D. JONES
221 BILBAO ST.
ROYAL PALM BEACH FL 33411

Mailing Address
C/O ROBERT D. JONES
221 BILBAO ST.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0103411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROBERT D.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSTD
NAME POTTER, LORAIN E.
STREET ADDRESS 221 BILBAO STREET
CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARMON, JAMES
STREET ADDRESS 1655 OLD MILL RD
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WOOD, DALE
STREET ADDRESS 4553 GARDENS RD.
CITY-ST-ZIP RIVIERA BEACH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WOODS, SHARON
STREET ADDRESS 1201 S.W. TIRD ST.
CITY-ST-ZIP BOYTON BEACH FL 33506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARMON, CLIFTON
STREET ADDRESS 1639 OLD MILL RD
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARMON, ISAAC
STREET ADDRESS 9370 SW 102ND TERR
CITY-ST-ZIP GAINESVILLE FL 32608-5989 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify 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: *Loraine E. Potter* LORAIN E. POTTER APRIL 10, 2006 (561) 790-1755