

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44732 (8)

1. Corporation Name

THE POTTER'S HOUSE, FAMILY WORSHIP CENTER INCORPORATED

Principal Place of Business

3500 FLORAMAR TER  
NEW PORT RICHEY FL 34652  
US

Mailing Address

3500 FLORAMAR TER  
NEW PORT RICHEY FL 34652  
US



3. Date Incorporated or Qualified  
08/19/1991

3a. Date of Last Report  
08/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3064215

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

CRAMTON, RALPH  
3500 FLORAMAR TER  
NEW PORT RICHEY FL 34652

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PTD  
NAME CRAMTON, RALPH  
STREET ADDRESS 3500 FLORAMAR TER  
CITY-ST-ZIP NEW PORT RICHEY FL

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

TITLE VD  
NAME CRAMTON, JULIE  
STREET ADDRESS 3500 FLORAMAR TERR  
CITY-ST-ZIP NEW PORT RICHEY FL

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

TITLE SD  
NAME DIX, DENNIS  
STREET ADDRESS 8618 PIONEER TRAIL  
CITY-ST-ZIP PORT RICHEY FL

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 9204 BEARCAT  
CITY-ST-ZIP NEW PORT RICHEY FL, 34655

4.1 TITLE SD  
4.2 NAME GARY SHARI  
4.3 STREET ADDRESS 9204 BEARCAT  
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ralph Cramton* RALPH CRAMTON

4/10/96 813/842-3907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)