

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44732

FILED  
Apr 16, 2005  
Secretary of State

**Entity Name:** THE POTTER'S HOUSE, FAMILY WORSHIP CENTER INCORPORATED

**Current Principal Place of Business:**

3500 FLORAMAR TER  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 FLORAMAR TER  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-3064215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAMTON, RALPH  
3500 FLORAMAR TER  
NEW PORT RICHEY, FL 34652 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CRAMTON, RALPH,  
Address: 3500 FLORAMAR TER  
City-St-Zip: NEW PORT RICHEY, FL

Title: VD ( ) Delete  
Name: CRAMTON, JULIE,  
Address: 3500 FLORAMAR TERR  
City-St-Zip: NEW PORT RICHEY, FL

Title: SD ( ) Delete  
Name: GARY SHARI,  
Address: 9204 BEARCAT  
City-St-Zip: NEW PORT RICHEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: DEE WILLIAMS,  
Address: 2603 MEADOWOOD DR.  
City-St-Zip: NEW PORT RICHEY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH CRAMTON

PTD

04/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date