

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004590 (6)**

POTTER'S FIELD MINISTRIES, INC.



Principal Place of Business 7128 S. MILITARY TRAIL LAKE WORTH FL 33463 US	Mailing Address 7128 S. MILITARY TRAIL LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified 10/11/1993
4. FEI Number 65-0652215
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1903 S. CONGRESS AVE Suite, Apt. #, etc. 22 #160 City & State 23 BOYNTON BCH, FLA Zip 24 33462 Country 25 USA	2a. Mailing Address 26 1903 S. CONGRESS AVE Suite, Apt. #, etc. 27 #160 City & State 28 BOYNTON BCH, FLA Zip 29 33462 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ROZELL, MICHAEL S 7128 S MILITARY TRAIL LAKE WORTH FL 33463	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1903 S. CONGRESS AVE #160 83 84 City BOYNTON BCH FL 85 Zip Code 33462
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELL, MICHAEL S	1.2 NAME	
STREET ADDRESS	721 LYONS ROAD, #15203	1.3 STREET ADDRESS	1903 S. CONGRESS AVE #160
CITY-ST-ZIP	BOCONUT CREEK FL 33063	1.4 CITY-ST-ZIP	BOYNTON BCH, FLA 33462
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELL, PAM	2.2 NAME	
STREET ADDRESS	721 LYONS ROAD, #15203	2.3 STREET ADDRESS	1903 S. CONGRESS AVE #160
CITY-ST-ZIP	BOCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	BOYNTON BCH, FLA 33462
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, TIM	3.2 NAME	
STREET ADDRESS	7128 SOUTH MILITARY TRAIL	3.3 STREET ADDRESS	1903 S. CONGRESS AVE #160
CITY-ST-ZIP	LAKE WORTH FL 33463	3.4 CITY-ST-ZIP	BOYNTON BCH, FLA 33462
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	WALT HARRAH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	87 W. PINE LOOP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BRIAN M.
STREET ADDRESS		5.3 STREET ADDRESS	2940 MARION BELLS AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COLORADO SPRINGS, CO 80918
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	TIM COY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2900 GATEWAY DR.

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

CR2E037 (1097)