

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004590

1. Corporation Name

POTTER'S FIELD MINISTRIES, INC.

Principal Place of Business

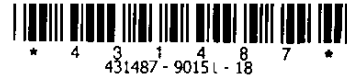
1903 S CONGRESS AVE
#160
BOYNTON BCH FL 33462
US

Mailing Address

1903 S CONGRESS AVE
#160
BOYNTON BCH FL 33462
US

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 018 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

65-0352215

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROZELL, MICHAEL S
1903 S CONGRESS AVE #160
BOYNTON BCH FL 33462

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME ROZELL, MICHAEL S
STREET ADDRESS 1903 S CONGRESS AVE #160
CITY-ST-ZIP BOYNTON BCH FL 33462

TITLE VD ☐ DELETE

NAME ROZELL, PAM
STREET ADDRESS 1903 S CONGRESS AVE #160
CITY-ST-ZIP BOYNTON BCH FL 33462

TITLE VTD ☐ DELETE

NAME DAVIDSON, TIM
STREET ADDRESS 1903 S CONGRESS AVE #160
CITY-ST-ZIP BOYNTON BCH FL 33462

TITLE D ☐ DELETE

NAME HARRAH, WALT
STREET ADDRESS 87 W YALE LOOP
CITY-ST-ZIP IRVIN GA 92714

TITLE D ☐ DELETE

NAME MI, BRIAN
STREET ADDRESS 2940 MAROON BELLS AVE
CITY-ST-ZIP COLORADO SPRINGS CO 80918

TITLE D ☒ DELETE

NAME COY, JIM
STREET ADDRESS 2900 GATEWAY DR
CITY-ST-ZIP POMPANO BCH FL 33069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Dimind, Richard

1.3 STREET ADDRESS 11802 Irverness

1.4 CITY-ST-ZIP Auburn, RA 95602

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (561) 439-1865

Date

Daytime Phone #

CR2E037 (11/98)

0085725