

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002107 (9)

1. Corporation Name

THE POTTERS' HOUSE OF LOVE, INC.



Principal Place of Business

2924 MCLEROY PLACE  
DOVER FL 33527

Mailing Address

2924 MCLEROY PLACE  
DOVER FL 33527

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3324889

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

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

MCLEROY, HUGH D  
2924 MCLEROY PLACE  
DOVER FL 33527

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

P  
MCLEROY, HUGH D  
2924 MCLEROY PLACE  
DOVER FL 33527

PASTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

ST  
CARSWELL, MARTHA H  
2734 AL SIMMONS ROAD  
DOVER FL 33527

ST  
Judy McLeroy  
2924 McLeroy Pl  
Dover, FL 33527

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☒ Addition

V  
CARSWELL, RONALD E  
2734 AL SIMMONS ROAD  
DOVER FL 33527

Trustees  
James S Moore  
18 Barron Dr  
Plant City, FL 33566

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Trustees  
Willie EVANS  
7234 Trukey Cree Rd.  
404 Burnett, FL 33556

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

200001755152  
-03/22/96--01111--034  
\*\*\*61.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3-22-96

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:

Hugh D McLeroy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 813-651-9665  
Date Daytime Phone #

CR2E037 (12/95)