

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002107 (9)**

1. Corporation Name

**THE POTTERS' HOUSE OF LOVE, INC.**



Principal Place of Business <b>2924 MCCLEROY PLACE DOVER FL 33527</b>		Mailing Address <b>2924 MCCLEROY PLACE DOVER FL 33527</b>		3. Date Incorporated or Qualified <b>04/27/1995</b>	
2. Principal Place of Business <b>21 Same</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3324889</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MCCLEROY, HUGH D 2924 MCCLEROY PLACE DOVER FL 33527</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 HUGH D. MCCLEROY PASTOR (NOTE: Registered Agent signature required when reinstating)  
Signature typed or printed name of registered agent and title if applicable  
DATE 2-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEROY, HUGH D	1.2 NAME	
STREET ADDRESS	2924 MCCLEROY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEROY, JUDY	2.2 NAME	
STREET ADDRESS	2929 MCCLEROY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES	3.2 NAME	
STREET ADDRESS	18 BARRON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PAUL	4.2 NAME	
STREET ADDRESS	206 SEMINOLE LAKE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Judy McLeary (St.) 2-13-98 813-651-9665

CR2E037 (10/97)