

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002107

1. Entity Name

THE POTTERS' HOUSE OF LOVE, INC.

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90116 003 \*\*\*\*61.25

Principal Place of Business

2924 MCLEROY PLACE  
DOVER FL 33527

Mailing Address

2929 MCLEROY PL  
DOVER FL 33527

2. Principal Place of Business

The Potters' House of Love Inc  
Suite, Apt. #, etc.  
Plant City FL  
City & State  
33567 Hills  
Zip Country

3. Mailing Address

2303 Mudlake Rd.  
Suite, Apt. #, etc.  
Plant City FL  
City & State  
33567 Hills  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3324889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required\*

6. Name and Address of Current Registered Agent

MCLEROY, HUGH D  
2924 MCLEROY PLACE  
DOVER FL 33527

7. Name and Address of New Registered Agent

Name Hugh McLeroy D.  
Street Address (P.O. Box Number is Not Acceptable)  
2303 mudlake Rd.  
Plant City  
City FL Zip Code 33567

8. 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

*Judy McLeroy*  
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLEROY, HUGH D	
STREET ADDRESS	2924 MCLEROY PLACE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLEROY, JUDY	
STREET ADDRESS	2929 MCLEROY PLACE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEIGHTON, LEDA	
STREET ADDRESS	PO BOX 1258	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, ANGELA	
STREET ADDRESS	2929 MCLEROY PL	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T. Joseph Peacock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2303 mudlake Rd	
STREET ADDRESS	Plant City FL 33567	
CITY-ST-ZIP		
TITLE	T. Angela Peacock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2303 mudlake Rd	
STREET ADDRESS	Plant City, FL 33567	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED - Pastor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 813-754-8712

CR2E037 (9/01)