

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90007 015 ****61.25

DOCUMENT # N95000002107

1. Entity Name
THE POTTERS' HOUSE OF LOVE, INC.



Principal Place of Business

Mailing Address

2303 MUDLAKE RD. **6200 CR 248N** 2303 MUDLAKE RD. **6200 CR 248N**
PLANT CITY, FL 33567 **LAKE PANASOFFKEE, FL 33588** PLANT CITY, FL 33567 **LAKE PANASOFFKEE, FL 33588**
FL 33588



07142004 No Chg-NP

CR2E037 (10/03)

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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
2303 MUDLAKE RD
PLANT CITY, FL 33567

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLEROY, HUGH D
STREET ADDRESS	2924 MCLEROY PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	ST
NAME	MCLEROY, JUDY
STREET ADDRESS	2929 MCLEROY PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	T
NAME	JOSEPH, PEACOCK
STREET ADDRESS	2303 MUDLAKE RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	T
NAME	ANGELA, PEACOCK
STREET ADDRESS	2303 MUDLAKE RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #