

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002107

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



Principal Place of Business Mailing Address

6200 CR 248 N 6200 CR 248 N
LAKE PANASOFFKEE, FL 33538 LAKE PANASOFFKEE, FL 33538



DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3324889 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 *Judy Mcleroy ST.* DATE *7-5-05*

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

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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: *Judy Mcleroy* *Judy Mcleroy* DATE *7-5-05* DAYTIME PHONE # *352-748-4458*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR