

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90267 036 ****70.00

DOCUMENT # N95000003643

1. Corporation Name

POTTERS HOUSE CHRISTIAN CENTER, INC.

Principal Place of Business

8405 HIMES AVE N
SUITE 105
TAMPA FL 33614

Mailing Address

P.O. BOX 82598
TAMPA FL 33614
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

59-3374098

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

9. Name and Address of Current Registered Agent

CAZARES, LOUIE
14504 MARKLAND GREENS PL
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

Eric L. Wright

82 Street Address (P.O. Box Number is Not Acceptable)

3415 Nottingham Ct. Apt. #145

83

The Commons Apartment Homes

84 City

Tampa

FL

85 Zip Code

33614

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

Eric L. Wright

4-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAZARES, LOUIE
STREET ADDRESS 14504 MARKLAND GREENS PLACE
CITY-ST-ZIP TAMPA FL

DELETE

TITLE VD
NAME PETIONI, HAYWOOD
STREET ADDRESS 2104 COOL SPRING RD, APT M5
CITY-ST-ZIP TAMPA FL 33604

DELETE

TITLE D
NAME FAUX, RUSSELL
STREET ADDRESS 6833 CAVACADE DRIVE, APT C
CITY-ST-ZIP TAMPA FL 33614

DELETE

TITLE SD
NAME CAZARES, VICKI
STREET ADDRESS 14504 MARKLAND GREENS PLACE
CITY-ST-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

Eric L. Wright

Change

Addition

1.2 NAME

3415 Nottingham Ct. Apt. #145

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Tampa, FL 33614

2.1 TITLE VD

Haywood Petioni

Change

Addition

2.2 NAME

10311 Lightner Br. Dr. west chace

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Tampa, FL 33626

3.1 TITLE D

Doug Rice

Change

Addition

3.2 NAME

4733 W. Waters Ave. Apt. #1011

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Tampa, FL 33614

4.1 TITLE SD

Agnes Wright

Change

Addition

4.2 NAME

3415 Nottingham Ct. Apt. #145

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Tampa, FL 33614

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

(813) 915-8581

Date

Daytime Phone #

CR2E037 (1/198)