

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90032 043 ****61.25

DOCUMENT # N95000003643

1. Entity 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

13928 Henson CR
 Tampa FL
 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3374098**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, ERIC L
 4427 LETO LAKES BLVD
 #101
 TAMPA FL 33614

Name **Robert A. Horstman**
 Street Address (P.O. Box Number is Not Acceptable)
13928 Henson Circle
 City **TAMPA** FL Zip Code **33625**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-31-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **WRIGHT, ERIC L**
 STREET ADDRESS **4427 LETO LAKES BLVD #101**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Robert A. Horstman**
 STREET ADDRESS **13928 Henson Circle**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VD** ☐ Delete
 NAME **PETIONI, HAYWOOD**
 STREET ADDRESS **10311 LIGHTNER BR. DR.**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Petioni, Haywood**
 STREET ADDRESS **3405 Nottingham Ct**
 CITY-ST-ZIP **TAMPA FL 33614** Apt 15C

TITLE **D** ☐ Delete
 NAME **RICE, DOUG**
 STREET ADDRESS **8406 CHEVALIER DR #M-5**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Russell Faulk**
 STREET ADDRESS **10200 N. Armenia Ave Apt #2308**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☒ Delete
 NAME **WRIGHT, AGNES**
 STREET ADDRESS **4427 LETO LAKES BLVD #101**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Russell Faulk**
 STREET ADDRESS **10200 N. Armenia Ave Apt #2308**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Haywood Petioni 8-31-01 813935-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)