

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003643

FILED
Sep 08, 2002
Secretary of State

Entity Name: POTTERS HOUSE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8405 HIMES AVE N
SUITE 105
TAMPA, FL 33614

New Principal Place of Business:

13928 HENSON CIRCLE
TAMPA, FL 33625

Current Mailing Address:

13928 HENSON CIRCLE
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-3374098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORSTMAN, ROBERTA
13928 HENSON CIRCLE
TAMPA, FL 33625

Name and Address of New Registered Agent:

HORSTMAN, ROBERT A.
13928 HENSON CIRCLE
TAMPA, FL 33625

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: HORSTMAN, ROBERT A.

09/08/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORSTMAN, ROBERTA
Address: 13928 HENSON CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: VD () Delete
Name: PETIONI, HAYWOOD
Address: 3405 NOTTINGHAM CT APT 156
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: RICE, DOUG
Address: 8406 CHEVALIER DR #M-5
City-St-Zip: TAMPA, FL 33604

Title: SD (X) Delete
Name: FAUX, RUSSELL
Address: 10200 N ARMENIA AVENUE APT 2308
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORSTMAN, ROBERT A
Address: 13928 HENSON CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: VD (X) Change () Addition
Name: EDUARDO, RIVERA
Address: 4512 W. HANNA AVE.
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: FAUX, RUSSELL
Address: 15501 BRUCE B. DOWNS #2806
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HORSTMAN A.

PD

09/08/2002

Electronic Signature of Signing Officer or Director

Date