

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90006 014 \*\*\*\*70.00

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT #**  
 1. Corporation Name  
 POTTER'S HOUSE OF REFUGE CHURCH  
 Inc. NA5000005755

Principal Place of Business  
 1218 Stephens DR #1  
 Panama City FLA. 32405

Mailing Address  
 P.O. BOX 1118  
 Lynn Haven FLA. 32444

Rev. B. J. Richardson  
 Correction Number 4. FEI 04  
 59-33 657 78 (7-2-99)

21	2. Principal Place of Business 1218 Stephen's DR #1 Suite, Apt. #, etc.	26	2a. Mailing Address P.O. BOX 1118 Suite, Apt. #, etc.	3.	Date Incorporated or Qualified January 1, 1996	
22	23	27	28	4.	FEI Number <del>0000000000</del> Above Applied For Not Applicable	
23	City & State Panama City FLA.	27	City & State Lynn Haven FLA	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 32405	25	Country BAH	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> N/A \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Rev. Pastor Bobbie Jean Richardson 1218 Stephens DR #1 Panama City, FLA. 32405				10. Name and Address of New Registered Agent			
81	Name	N/A		85	Zip Code	FL	
82	Street Address (P.O. Box Number is Not Acceptable)	N/A					
83	City	N/A					

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: N/A  
 (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	WILBURN Eugene Richardson <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Assistant Pastor	1.2 NAME	N/A		
STREET ADDRESS	1218 Stephens DR #1 Director	1.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	Panama City, FLA 32405	1.4 CITY-ST-ZIP	N/A		
TITLE	DR. Mary H. Smith <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Director	2.2 NAME	N/A		
STREET ADDRESS	22 North Monroe	2.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	Portland, Oregon 97212	2.4 CITY-ST-ZIP	N/A		
TITLE	Bobbie Jean Richardson <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Pastor	3.2 NAME	N/A		
STREET ADDRESS	1218 Stephens DR #1 Registered Agent	3.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	Panama City FLA 32405	3.4 CITY-ST-ZIP	N/A		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	N/A	4.2 NAME	N/A		
STREET ADDRESS	N/A	4.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	N/A	4.4 CITY-ST-ZIP	N/A		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	N/A	5.2 NAME	N/A		
STREET ADDRESS	N/A	5.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	N/A	5.4 CITY-ST-ZIP	N/A		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	N/A	6.2 NAME	N/A		
STREET ADDRESS	N/A	6.3 STREET ADDRESS	N/A		
CITY-ST-ZIP	N/A	6.4 CITY-ST-ZIP	N/A		

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: Rev. Bobbie Jean Richardson Date: 6-21-99 850-872 1113  
 Registered Director  
 FAX 850-872 1639

CR2E037 (1/198)