## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address,

SIGNATURE:

## FILED DOCUMENT # **N95000005755** Apr 17, 2000 8:00 am 1. Entity Name Secretary of State THE POTTER'S HOUSE OF REFUGE CHURCH INC. 04-17-2000 90044 050 \*\*\*\*70.00 Mailing Address Principal Place of Business 1218 STEPHEN'S DR #1-PO BOX 1118 LYNN HAVEN FL 32444-1118 PANAMA CITY FL 32405 Mailing Address New address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State, 59-3365778 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ChardSon Street Address (P.O. Box Number is Not Acceptable) RICHAROSON, BOBBIE JEAN PASTOR -1218 STEPHEN DRIVE #1-PANAMA CITY FL 32405 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ✓ Delete TITLE ZI Change TITLE NAME RICHARDSON, WILBURN E REV adikess NAME STREET ADDRESS STREET ADDRE 1218 STEPHEN DR. #1 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Delete ☐ Addition TITLE TITLE a docess RICHARDSON, BOBBIE JEAN E REV NAME NAME STREET ADDR 1218 STEPHEN DR:#1-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Change Addition TITLE ☐ Delete TITLE SMITH, MARY H REV .... NAME NAME STREET ADDRESS STREET ADDRESS 22 NORTH MONROE CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97212 ☐ Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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