

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90083 025 \*\*\*\*\*70.00

**DOCUMENT # N95000005755**

1. Entity Name

**THE POTTER'S HOUSE OF REFUGE CHURCH INC.**

Principal Place of Business

Mailing Address

1251 OAK AVE  
 PANAMA CITY FL 32401  
 US

PO BOX 1118  
 LYNN HAVEN FL 32444  
 US

2. Principal Place of Business

1251 OAK AVE  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1118  
 Suite, Apt. #, etc.

City & State

Panama City

Zip

32401

Country

USA

City & State

LYNN HAVEN FL

Zip

32444

Country

USA

6. Name and Address of Current Registered Agent

RICHARDSON, BOBBIE JEAN PASTOR  
 1215 OAK AVE  
 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

593365778 FEE ALU.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

N/A.  
 Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RICHARDSON, WILBURN E REV  
 CITY-ST-ZIP 1251 OAK AVE  
 PANAMA CITY FL 32401

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RICHARDSON, BOBBIE JEAN E REV  
 CITY-ST-ZIP 1251 OAK AVE  
 PANAMA CITY FL 32401

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SMITH, MARY H REV  
 CITY-ST-ZIP 22 NORTH MONROE  
 PORTLAND OR 97212

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 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:**

SIG Rev. Bobbie Jean Richardson 850.872-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)