

2002 UNIFORM BUSINESS REPORT (UBR)

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

UBR2002

DOCUMENT # N95000005755

1. Entity Name

THE POTTER'S HOUSE OF REFUGE CHURCH INC.

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

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

3. Mailing Address

P.O. Box 1118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City

City & State

LYNN HAVEN FL

Zip

32401

Country

USA

Zip

32444

Country

USA

4. FEI Number

593365778 FEI NU.

DO NOT WRITE IN THIS SPACE

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, WILBURN E REV	
STREET ADDRESS	1251 OAK AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, BOBBIE JEAN E REV	
STREET ADDRESS	1251 OAK AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY H REV	
STREET ADDRESS	22 NORTH MONROE	
CITY-ST-ZIP	PORTLAND OR 97212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bobbie Jean Richardson 850-872-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)