

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91772 014 \*\*\*\*\*70.00

0068521

**DOCUMENT # N95000005755**

1. Entity Name

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



Principal Place of Business

**1251 OAK AVE  
PANAMA CITY FL 32401  
US**

Mailing Address

**PO BOX 1118  
LYNN HAVEN FL 32444  
US**

**11040887**



2. Principal Place of Business

**1251 OAK AVE**  
Suite, Apt. #, etc.

3. Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

City & State

**Panama City FLA**

City & State

**Lynn Haven FLA**

4. FEI Number **59-3365778**

☒ Applied For  
☐ Not Applicable

Zip **32401**

Country **USA**

Zip **32444**

Country **USA**

5. Certificate of Status Desired **yes** **\$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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete  
NAME **SMITH, MARY H REV**  
STREET ADDRESS **22 NORTH MONROE**  
CITY-ST-ZIP **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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TITLE ☐ Change ☐ Addition  
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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. Wilburn E. Richardson**

**MAY 1, 2003**

CR2E037 (10/02)