

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

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

05-05-2003 90370 018 \*\*\*\*61.25

**DOCUMENT # N99000006280**



**1. Entity Name**  
**THE POTTER'S HOUSE EXALTING PRAISE OUTREACH MINI  
STRIES, INC.**

**Principal Place of Business**

**P.O. BOX 1222  
CHEIFLAND FL 32644**

**Mailing Address**

**P.O. BOX 1222  
CHEIFLAND FL 32644**

**11038182**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3619364**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAYES, LANCE A  
217 S.W. 4TH ST.  
CHEIFLAND FL 32644**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PID ☐ Delete  
**NAME** HAYES, LANCE A  
**STREET ADDRESS** 207 SW 4TH STREET  
**CITY-ST-ZIP** CHEIFLAND FL 32644

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

**TITLE** VPD ☐ Delete  
**NAME** HAYES, MINNIE F  
**STREET ADDRESS** 207 SW 4TH STREET  
**CITY-ST-ZIP** CHEIFLAND FL 32644

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

**TITLE** FST ☐ Delete  
**NAME** MCMINNS, VERNESIA  
**STREET ADDRESS** 217 SW 10TH CIRCLE  
**CITY-ST-ZIP** CHEIFLAND FL 32644

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

**TITLE** RST ☐ Delete  
**NAME** MACON, GAIL  
**STREET ADDRESS** 307 SW 2ND STREET  
**CITY-ST-ZIP** CHEIFLAND FL 32644

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:**

*[Signature]*

5/1/03

(352) 493-2683

CR2E037 (10/02)