

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 9:04

DOCUMENT # *N29826*

1. Corporation Name:

FATHER'S HOUSE INC.

*N/C
12/20/97*

Principal Place of Business

Mailing Address

*FATHER'S HOUSE INC.
3540 SE LAKE WEIR AVE
OCALA FL 34471*

2. Principal Place of Business

2a. Mailing Address

21 *Same*
Suite, Apt. #, etc.

26 *Same*
Suite, Apt. #, etc.

22 City & State
OCALA FL

27 City & State
Same

23 *OCALA FL*
Zip

28 *Same*
Zip

24 *34471* Country
USA

29 *Same* Country
Same

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9-7-90

1996

4. FEI Number

Applied for

59-3026516

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

HAROLD C NICHOLS

82 Street Address (P.O. Box Number is Not Acceptable)

3540 SE LAKE WEIR AVE

83

84 City

OCALA

FL

85 Zip Code

34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harold C Nichols*

Harold C Nichols

Oct. 27th 1997

Signature, typed or printed name of registered agent and fee if applicable

Signature, typed or printed name of registered agent and fee if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

*President
Harold C Nichols
3416 SE 62nd ST.
OCALA FL 34471*

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

*Joe Boynton Director
3540 SE Lake Weir Ave.
OCALA, FL 34471*

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

*Sec/Treasurer - Director
DONNA L. Nichols
3416 SE 62nd ST.
OCALA FL 34471*

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002353021-4

11/20/97-01071-020

******70.00 *****70.00*

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Donna L. Nichols
Signature and typed or printed name of signing officer or director

Oct. 27/97 (352)/690-3678
Date

CR2E037 (9/96)



Father's House, Inc.

3540 S.E. Lake Weir Av. Ocala, Fl. 34471
(352)694-9446

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Gentleman,

We are applying for reinstatement of the Corporation of Father's House, Inc. As per our conversation with the Office of Reinstatement we would like to bring to your attention two important facts.

1. We never received notice due to an improper mailing address.
2. The Corporate Accountant passed away this year.

Due to his death there was much confusion; and although we never received notice, he was not here to advise us of our need to file.

We have enclosed a check in the amount of \$61.25, which represents the filing fee, in hope that you will waive penalties due to the above circumstances.

Sincerely,


Hal Nichols

Luke 14:12-24 Go out into the highways and along the hedges and compel them to come in that my house may be filled...