FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # 741826 (2)

1. Corporation Name
OUR FATHER'S HOUSE, INC.

Principal Place of Business	Mailing Address
6114 S W 35TH CT MIRAMAR FL 33023	6114 S W 35TH CT MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1843075 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1522 MONROE STREET	26 1522 MONROE STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD, FL
Zip 24 33020 Country 25	Zip 29 33020 Country 30

9. Name and Address of Current Registered Agent

CAREY, GUY C.
6114 S W 35TH CT
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1522 MONROE STREET
83
84 City HOLLYWOOD FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	CONWAY, DAVID G.	1.2 NAME		
STREET ADDRESS	8851 NW 3 STREET	1.3 STREET ADDRESS	320 NORTHWEST 91ST AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	PMD	2.1 TITLE		☒ Change ☐ Addition
NAME	CAREY, REV. GUY C.	2.2 NAME		
STREET ADDRESS	1522 MONROE STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MCDERMOTT, MICHAEL	3.2 NAME	RICHARD E. MERICER	
STREET ADDRESS	1551 NW 92 AVE	3.3 STREET ADDRESS	17644 SOUTHWEST 6th STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Guy C. Carey 2/17/95 305-920-6951
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
GUY C. CAREY

0030300