

FILE NOW: FILING FEE IS \$61.25

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May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741826 (2)

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



Principal Place of Business 1522 MONROE STREET HOLLYWOOD FL 33020 US	Mailing Address 1522 MONROE STREET HOLLYWOOD FL 33020 US
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3. Date Incorporated or Qualified
02/24/1978

4. FEI Number
59-1843075

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business 21 3100 N. 75 Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 3100 N. 75 Avenue Suite, Apt. #, etc. 27
City & State 23 Hollywood, Florida Zip Country 24 33024 USA	City & State 28 Hollywood, Florida Zip Country 29 33024 USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CAREY, GUY C.
1522 MONROE STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name **David G. Conway**

82 Street Address (P.O. Box Number is Not Acceptable)
320 N.W. 91st Avenue

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84 City **Pembroke Pines** FL 85 Zip Code **33024**

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 *David G. Conway* DATE **5/20/98**

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	VD CONWAY, DAVID G.	1.1 TITLE	PMD David G. Conway
NAME	320 NORTHWEST 91ST AVENUE	1.2 NAME	320 N.W. 91st Avenue
STREET ADDRESS	PEMBROKE PINES FL	1.3 STREET ADDRESS	Pembroke Pines, FL 33024
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PMD CAREY, REV. GUY C.	2.1 TITLE	VD Rev. Guy C. Carey
NAME	1522 MONROE STREET	2.2 NAME	1522 Monroe Street
STREET ADDRESS	HOLLYWOOD FL	2.3 STREET ADDRESS	Hollywood, FL 33020
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MERCIER, RICHARD E.	3.1 TITLE	
NAME	17644 SOUTHWEST 6TH STREET	3.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *David G. Conway* DATE: **5/20/98**

CP2E037 (10/97)