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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90228 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741826

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

Principal Place of Business 3100 N 75TH AVENUE HOLLYWOOD FL 33024 US	Mailing Address 3100 N 75TH AVENUE HOLLYWOOD FL 33024 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/24/1978
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1843075
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONWAY, DAVID G
320 N W 91ST AVENUE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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

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 _____ 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	PDM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, DAVID G	1.2 NAME	
STREET ADDRESS	320 NW 91ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, REV GUY C	2.2 NAME	
STREET ADDRESS	1522 MONROE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCIER, RICHARD E.	3.2 NAME	Mercier, Richard E.
STREET ADDRESS	17644 SOUTHWEST 6TH STREET	3.3 STREET ADDRESS	17644 Southwest 6th Street
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	McDermott, Michael, F.
STREET ADDRESS		4.3 STREET ADDRESS	3260 West Quayside Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ruggles, Richard G.
STREET ADDRESS		5.3 STREET ADDRESS	13323 SW 28 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Davie, FL 33330
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: David G. Conway DATE: 4/28/99 DAYTIME PHONE: 954-963-9287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)