

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 741826

1. Entity 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 Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-1843075

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONWAY DAVID G
 320 N W 91ST AVENUE

 PEMBROKE PINES FL 33024 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE **06/12/2001**

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	RUGGLES RICHARD G	
STREET ADDRESS	13323 SW 28 ST	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDERMOTT MICHEAL F	
STREET ADDRESS	3260 W QUAYSIDEDR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERCIER RICHARD E	
STREET ADDRESS	17644 SW 6TH ST	
CITY-ST-ZIP	PEMBROKES PINES FL 33029	
TITLE	PDM	<input type="checkbox"/> Delete
NAME	CONWAY DAVID G	
STREET ADDRESS	320 NW 91ST AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: David G. Conway PDM 06/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)