

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741826

FILED
May 17, 2002 8:00 AM
Secretary of State

Entity Name: OUR FATHER'S HOUSE, INC.

Current Principal Place of Business:

3100 N 75TH AVENUE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

3100 N 75TH AVENUE
HOLLYWOOD, FL 33024 US

New Mailing Address:

P.O. BOX 848476
PEMBROKE PINES, FL 33024 US

FEI Number: 59-1843075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDM () Delete
Name: CONWAY, DAVID G
Address: 320 NW 91ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: MERCIER, RICHARD E
Address: 17644 SW 6TH ST
City-St-Zip: PEMBROKES PINES, FL 33029

Title: T () Delete
Name: MCDERMOTT, MICHEAL F
Address: 3260 W QUAYSIDEDR
City-St-Zip: COOPER CITY, FL 33026

Title: S () Delete
Name: RUGGLES, RICHARD G
Address: 13323 SW 28 ST
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. CONWAY

PDM

05/17/2002

Electronic Signature of Signing Officer or Director

_____ Date