


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 761278 (1)</b>					
1. Corporation Name <b>OUR FATHER'S HOUSE, INC.</b>					
Principal Place of Business 5362 TAF LANE PO BOX 717 MILTON FL 32572			Mailing Address 5362 TAF LANE PO BOX 717 MILTON FL 32572		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1981	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-2145831	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BURT, JOHN A. 5362 TAF LN P O BOX 717 MILTON FL 32570				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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	PD	DELETE		1.1 TITLE	Change Addition
NAME	BURT JOHN A.			1.2 NAME	
STREET ADDRESS	5362 TAF LN			1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL			1.4 CITY-ST-ZIP	
TITLE	VD	DELETE		2.1 TITLE	Change Addition
NAME	BURT, LINDA			2.2 NAME	
STREET ADDRESS	5362 TAF LN			2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL			2.4 CITY-ST-ZIP	
TITLE	STD	DELETE		3.1 TITLE	Change Addition
NAME	BURT, LINDA			3.2 NAME	
STREET ADDRESS	5362 TAF LN			3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL			3.4 CITY-ST-ZIP	
TITLE	D	DELETE		4.1 TITLE	Change Addition
NAME	CRONIER, THOMAS			4.2 NAME	
STREET ADDRESS	5930 ORANGE GROVE RD			4.3 STREET ADDRESS	
CITY-ST-ZIP	PASCAGOULA MS			4.4 CITY-ST-ZIP	
TITLE	D	DELETE		5.1 TITLE	Change Addition
NAME	CRONIER, CINDY			5.2 NAME	
STREET ADDRESS	5930 ORANGE GROVE RD			5.3 STREET ADDRESS	
CITY-ST-ZIP	PASCAGOULA MS			5.4 CITY-ST-ZIP	
TITLE	D	DELETE		6.1 TITLE	Change Addition
NAME	TOLBERT, DAVID			6.2 NAME	
STREET ADDRESS	RT 1 BOX 39			6.3 STREET ADDRESS	
CITY-ST-ZIP	WING AL			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.					
SIGNATURE: <u>Linda Burt</u> <b>RE REQUIRED</b> 1-5-98 850 626-9708					



CR2E037 (10/97)