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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90157 014 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761278

1. Corporation Name

OUR FATHER'S HOUSE, INC.

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.

26 Suite, Apt. #, etc.

4. FEI Number
59-2145831

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURT, JOHN A.
5362 TAF LN
P O BOX 717
MILTON FL 32570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BURT JOHN A.**
STREET ADDRESS **5362 TAF LN**
CITY-ST-ZIP **MILTON FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Cronier, Thomas**
1.3 STREET ADDRESS **RR2 Box 90**
1.4 CITY-ST-ZIP **Brundidge, AL**

TITLE **VD** ☐ DELETE
NAME **BURT, LINDA**
STREET ADDRESS **5362 TAF LN**
CITY-ST-ZIP **MILTON FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Cronier, Cindy**
2.3 STREET ADDRESS **RR2 Box 90**
2.4 CITY-ST-ZIP **Brundidge, AL**

TITLE **STD** ☐ DELETE
NAME **BURT, LINDA**
STREET ADDRESS **5362 TAF LN**
CITY-ST-ZIP **MILTON FL**

3.1 TITLE **Tolbert, David** **[D]** ☒ Change ☐ Addition
3.2 NAME **PO Box 4016**
3.3 STREET ADDRESS **Milton, FL**
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CRONIER, THOMAS**
STREET ADDRESS **5930 ORANGE GROVE RD**
CITY-ST-ZIP **PASCAGOULA MS**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Tolbert, Judy**
4.3 STREET ADDRESS **PO Box 4016**
4.4 CITY-ST-ZIP **Milton, FL**

TITLE **D** ☐ DELETE
NAME **CRONIER, CINDY**
STREET ADDRESS **5930 ORANGE GROVE RD**
CITY-ST-ZIP **PASCAGOULA MS**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TOLBERT, DAVID**
STREET ADDRESS **RT 1 BOX 39**
CITY-ST-ZIP **WING AL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

John A. Burt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)