

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 761278**

1. Entity Name

**OUR FATHER'S HOUSE, INC.****FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90814 031 \*\*\*\*61.25

0064156

Principal Place of Business

Mailing Address

5362 TAF LANE  
PO BOX 717  
MILTON FL 325725362 TAF LANE  
PO BOX 717  
MILTON FL 32572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2145831**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURT JOHN A.	
STREET ADDRESS	5362 TAF LN	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURT, LINDA	
STREET ADDRESS	5362 TAF LN	
CITY-ST-ZIP	MILTON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURT, LINDA	
STREET ADDRESS	5362 TAF LN	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONIER, THOMAS	
STREET ADDRESS	RR2 BOX 90	
CITY-ST-ZIP	BRUNDIDGE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONIER, CINDY	
STREET ADDRESS	RR2 BOX 90	
CITY-ST-ZIP	BRUNDIDGE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLBERT, DAVID	
STREET ADDRESS	PO BOX 4016	
CITY-ST-ZIP	MILTON FL	

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		
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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)(i), 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 Tolbert*

6/27/02

850 626-9708

CR2E037 (9/01)