


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90112 015 \*\*\*\*70.00

<b>DOCUMENT # 761278</b>		
1. Entity Name <b>OUR FATHER'S HOUSE, INC.</b>		
Principal Place of Business <b>5362 TAF LANE MILTON, FL 32570</b>		Mailing Address <b>PO BOX 717 MILTON, FL 32572</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BURT, JOHN A. 5362 TAF LN P O BOX 717 MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>John A. Burt</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT JOHN A. 5362 TAF LN MILTON, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURT, LINDA 5362 TAF LN MILTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURT, LINDA 5362 TAF LN MILTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONIER, THOMAS RR2 BOX 90 BRUNDIDGE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONIER, CINDY RR2 BOX 90 BRUNDIDGE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLBERT, DAVID PO BOX 4016 MILTON, FL	
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: <u><i>Linda Burt</i></u> <u><i>Linda Burt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6/29/05</u> Daytime Phone #: <u>850-626-9708</u>

ATTACHMENT  
# 761278  
50024436

OUR FATHER'S HOUSE, INC. 8-88

FED TAX NO. 88-2145831  
FL ST 67-06-015825-56C  
P. O. BOX 717 PH 850-828-8708  
MILTON, FL 32572

13623

63-1182/632

DATE 6/29/05

PAY TO THE ORDER OF Florida Department of State

\$ 70.00

Security # 161

DOLLARS

JOHN OR LINDA BURT



First National Bank  
of Florida  
Milton, Florida 32572

FOR Corp. filing + Certificate

Linda Burt

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110923⑈

