


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 761278 1. Entity Name OUR FATHER'S HOUSE, INC.	
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Principal Place of Business 5362 TAF LANE MILTON, FL 32570	Mailing Address PO BOX 717 MILTON, FL 32572
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2145831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURT, JOHN A. 5362 TAF LN MILTON, FL 32570
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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 _____ U00000578889
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 01/09/07 80047 005 61.25

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 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
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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Burt Linda Burt 1/4/07 8506269708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #