2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# 761278

Entity Name: OUR FATHER'S HOUSE, INC.

Current Principal Place of Business:

5362 TAF LANE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

PO BOX 717
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-2145831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURT, JOHN A.
5362 TAF LN
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BURT JOHN A.,	
Address:	5362 TAF LN	
City-St-Zip:	MILTON, FL	
Title:	VD	( ) Delete
Name:	BURT, LINDA,	
Address:	5362 TAF LN	
City-St-Zip:	MILTON, FL	
Title:	STD	( ) Delete
Name:	BURT, LINDA,	
Address:	5362 TAF LN	
City-St-Zip:	MILTON, FL	
Title:	D	( ) Delete
Name:	CRONIER, THOMAS	
Address:	RR2 BOX 90	
City-St-Zip:	BRUNDIDGE, AL	
Title:	D	( ) Delete
Name:	CRONIER, CINDY	
Address:	RR2 BOX 90	
City-St-Zip:	BRUNDIDGE, AL	
Title:	D	( ) Delete
Name:	TOLBERT, DAVID	
Address:	PO BOX 4016	
City-St-Zip:	MILTON, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BURT STD 07/22/2008
Electronic Signature of Signing Officer or Director — Date