

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761278

FILED  
May 01, 2009  
Secretary of State

**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

VP

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date