

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0005713

DOCUMENT # N00000006099

1. Entity Name

THE FATHER'S HOUSE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**3434 NORTH MONROE ST.
TALLAHASSEE FL 32303**

**3434 NORTH MONROE ST.
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-3700693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUTER, DEBORAH
1107 MIMOSA DR.
TALLAHASSEE FL 32312**

Name

DEBBIE NUNN-NELSON

Street Address (P.O. Box Number is Not Acceptable)

284 NUNN ROAD

City

HAVANA

FL

Zip Code

32333

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

Debbie Nunn-Nelson Director/Secretary

3/19/02

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

TITLE **DP** ☐ Delete
NAME **MCDANIEL, BURT**
STREET ADDRESS **1691 TIMBER RUN**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **DVP** ☐ Delete
NAME **MCDANIEL, TAMMY**
STREET ADDRESS **1691 TIMBER RUN**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **DS** ☒ Delete
NAME **RUDD, LAMAR**
STREET ADDRESS **2816 SHAMROCK S**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **DEBBIE NUNN-NELSON**
STREET ADDRESS **284 NUNN ROAD**
CITY-ST-ZIP **HAVANA, FLORIDA 32333** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Burt McDaniel **Burt McDaniel - President** **3-19-02** **850 562-6200**

CR2E037 (9/01)