

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90448 013 \*\*\*\*61.25

**DOCUMENT # N00000006617**

1. Entity Name

**OUR FATHER'S HOUSE MINISTRIES, INC.**

Principal Place of Business

1706 EDGEWATER DRIVE  
 ORLANDO FL 32804

Mailing Address

POST OFFICE BOX 540255  
 ORLANDO FL 32854-0255

2. Principal Place of Business

Suite, Apt. #, etc.

ORLANDO

City & State

FLORIDA

Zip

32839

Country

3. Mailing Address

Suite, Apt. #, etc.

ORLANDO

City & State

FLORIDA

Zip

32856

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-3675064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HAGEN, LONNIE D  
 1706 EDGEWATER DRIVE  
 ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

FLORALEE SHINDOLL

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

4601 LUDY CT

ORLANDO FL

City

FL

Zip Code

32839

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 VP FLORALEE SHINDOLL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/02

After September 13, 2002,  
 min. will be \$236.25.

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 D ☐ Delete  
 NAME HAGEN, LONNIE D  
 STREET ADDRESS 4948 SPRING RUN AVENUE  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete  
 NAME HAGEN, NICOLE M  
 STREET ADDRESS 4948 SPRING RUN AVENUE  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 P HAGEN LONNIE CEO ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS PO BOX 560245  
 CITY-ST-ZIP ORLANDO, FL 32856

TITLE VP FLORALEE SHINDOLL ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 4601 LUDY CT CFO  
 CITY-ST-ZIP ORLANDO FLORIDA 32839

TITLE DIST NICOLE HAGEN ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS PO BOX 560245 SECRETARY  
 CITY-ST-ZIP ORLANDO, FL 32856

TITLE D GARY DIESCHBOURG ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 522 SOUTH HUNT CLUB BLVD #308  
 CITY-ST-ZIP APOPKA, FL 32703

TITLE D JOSE VILLALBA ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 115 LINDENWOOD CIRCLE  
 CITY-ST-ZIP KISSIMMEE, FL 34743

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

CR2E037 (4/02)

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:

SENIATEL RX REQUIRED

7/30/02