

**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

Mailing Address

1706 EDGEWATER DRIVE  
 ORLANDO FL 32804

POST OFFICE BOX 540255  
 ORLANDO FL 32854-0255

2. Principal Place of Business

4601 Judy CT

Suite, Apt. #, etc.  
 ORLANDO

City & State  
 FLORIDA

Zip  
 32839

Country

3. Mailing Address

PO BOX 560245

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

7. Name and Address of New Registered Agent

HAGEN, LONNIE D  
 1706 EDGEWATER DRIVE  
 ORLANDO FL 32804

Name: FLORALEE SHINDOLL  
 Street Address (P.O. Box Number is Not Acceptable):  
4601 Judy CT  
ORLANDO FL  
 City: ORLANDO 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

Floralée Shindoll 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, LONNIE D 4948 SPRING RUN AVENUE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, NICOLE M 4948 SPRING RUN AVENUE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGEN LONNIE CEO PO BOX 560245 ORLANDO, FL 32856	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORALEE SHINDOLL CFO 4601 Judy CT ORLANDO Florida 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DISM NICOLE HAGEN SECRETARY PO BOX 560245 ORLANDO, FL 32856	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY DIESCHBOURG 522 SOUTH HUNT CLUB BLVD #308 APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE VILLALBA 115 LINDENWOOD CONC KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature Required

7/30/02

CR2E037 (4/02)