


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # N00000006617  
1. Entity Name  
OUR FATHER'S HOUSE MINISTRIES, INC.



Principal Place of Business  
4601 JUDY CT  
ORLANDO, FL 32839

Mailing Address  
PO BOX 560245  
ORLANDO, FL 32856



01222004 No Chg-NP CR2E037 (10/03)

**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  
SHINDOLL, FLORALEE  
4601 JUDY CT  
ORLANDO, FL 32839

**DO NOT WRITE IN THIS SPACE**

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: *Floralée Shindoll* DATE: 2.9.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000042809  
02/10/04-80040-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HAGEN, LONNIE D PO BOX 560245 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAGEN, NICOLE M PO BOX 560245 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF SHINDOLL, FLORALEE 4601 JUDY CT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIESCHBOURG, GARY 522 SOUTH HUNT CLUB BLVD #308 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALBA, JOSE 115 LINDENWOOD LANE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Floralée Shindoll - VPCF* DATE: 2.9.04 DAYTIME PHONE #: 407.859.8496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR