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)

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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

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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 Floralee Shindoll 2.9.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

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

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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: Floralee Shindoll - VPCF 2.9.04 407-859-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #