


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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 540255 ORLANDO, FL 32856	
2. Principal Place of Business		3. Mailing Address <i>PO Box 560245</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ORLANDO FL</i>	
Zip		Zip <i>32856</i>	
Country		Country	
4. FEI Number <i>65-3675064</i>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHINDOLL, FLORALEE 4601 JUDY CT ORLANDO, FL 32839		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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 <i>Floralee Shindoll</i>		DATE <i>4-25-03</i>	
<small>Signature, typed or printed name of registered agent and date of application.</small>		<small>(NOTE: Registered Agent signature required when missing)</small>	
FILE NOW - FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED HAGEN, LONNIE D. PO BOX 660245 ORLANDO, FL 32856 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAGEN, NICOLE M PO BOX 660245 ORLANDO, FL 32856 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF SHINDOLL, FLORALEE 4601 JUDY CT ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIESCHBOURG, GARY 622 SOUTH HUNT CLUB BLVD #308 APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALBA, JOSE 115 LINDENWOOD LANE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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 life empowered.			
SIGNATURE: <i>Floralee Shindoll</i>		DATE: <i>4-25-03</i> PHONE: <i>407-859-8496</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	

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CHECK HERE IF MAKING CHANGES

CEDEC07 (10/02)