

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

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 034 \*\*\*\*61.25

**DOCUMENT # N02000004957**

1. Entity Name

**THE FATHER'S HOUSE WORSHIP CENTER, INC.**



Principal Place of Business

**7711 ILEX DR.  
PORT RICHEY FL 34668**

Mailing Address

**7711 ILEX DR.  
PORT RICHEY FL 34668**

2. Principal Place of Business

**10921 Rexdale Ave**

Suite, Apt. #, etc.

3. Mailing Address

**10921 Rexdale Ave**

Suite, Apt. #, etc.

City & State

**Port Richey, FL**

Zip  
**34668**

Country  
**USA**

City & State

**Port Richey, FL**

Zip  
**34668**

Country  
**USA**

4. FEI Number

**75-3071074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORA, RICK  
7711 ILEX DR.  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **MORA, RICK**

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

**10921 Rexdale Ave**

City **Port Richey**

**FL**

Zip Code

**34668**

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

**RICK MORA, DIRECTOR**

**7/17/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORA, RICK</b> <b>7711 ILEX DR.</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, MICHAEL J</b> <b>7711 ILEX DR.</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORA, SUSAN D</b> <b>7711 ILEX DR.</b> <b>PORT RICHEY FL 34668</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORA, RICK</b> <b>10921 Rexdale Ave</b> <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, MICHAEL J.</b> <b>10921 Rexdale Ave</b> <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORA, SUSAN D</b> <b>10921 Rexdale Ave</b> <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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 OF RICK MORA, DIRECTOR**

**7/17/03**

**(727) 861-7574**

CR2E037 (4/03)