

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

Amended
FILED
MAY - 1 1996
TALLAHASSEE, FLORIDA

DOCUMENT # **N16786** (8)

1. Corporation Name

OUR FATHER'S HOUSE CHURCH, INC.

Principal Place of Business

Mailing Address

**C/O ANTHONY LOCICERO
735 CLIMATE DR
BRANDON FL 33511**

**C/O ANTHONY LOCICERO
735 CLIMATE DR
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1986

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2727534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCICERO, ANTHONY
735 CLIMATE DR
BRANDON FL 33511**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP**
12 NAME **LOCICERO, ANTHONY**
13 STREET ADDRESS **735 CLIMATE DR.**
14 CITY, ST, ZIP **BRANDON FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE **D**
12 NAME **MAISANO, SAM B.**
13 STREET ADDRESS **18700 GULF BLVD.**
14 CITY, ST, ZIP **INDIAN SHORES FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

11 TITLE **D**
12 NAME **GAUSE, NORMA NEAL**
13 STREET ADDRESS **606 RIVERSIDE DR.**
14 CITY, ST, ZIP **TARPON SPRINGS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

11 TITLE **D S**
12 NAME **LOCICERO, GENEVIGVE**
13 STREET ADDRESS **735 CLIMATE DR**
14 CITY, ST, ZIP **BRANDON FL 33511**

41 TITLE ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Locicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

813-684-8668