

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/12/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1001 MANDALAY Dr

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brandon, Florida

24 Zip 33511

25 Hillsborough

29 Zip

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 LOCICERO, Anthony  
82 Street Address (P.O. Box Number is Not Acceptable)  
1001 MANDALAY Dr  
83  
84 City Brandon FL 85 Zip Code 33511

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LOCICERO, ANTHONY  
STREET ADDRESS 735 CLIMATE DR.  
CITY-ST-ZIP BRANDON FL

TITLE D  
NAME MAISANO, SAM B.  
STREET ADDRESS 18700 GULF BLVD.  
CITY-ST-ZIP INDIAN SHORES FL

TITLE D  
NAME GAUSE, NORMA NEAL  
STREET ADDRESS 606 RIVERSIDE DR.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DS  
NAME LOCICERO, GENEVIEVE  
STREET ADDRESS 735 CLIMATE DRIVE  
CITY-ST-ZIP BRANDON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011262

CR2E037 (3/96)