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

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N16786

(8)

FILED
Jul 22 1998 8:00am
Secretary of State

OUR F	TATHER'S HOUSE CHURCH	I, INC.			
Principal Place of Business Mailing Address				g comitiat ann tiann britt raddt obtig geir dinte didti midit midit	Aidii (Adi
C/O ANTHONY ŁOCICERO 1001 MANDALAY DR BRANDON FL 33511 US		C/O ANTHONY LOCICERO 735 CLIMATE DR BRANDON FL 33511		3. Date Incorporated or Qualified  09/12/1986 4. FEI Number Applied For  59-2727534 Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Ad	ditional
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		Fee Req	
22]		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F	
City & Stat	te	City & State	<i></i>	7. Is this nonprofit corporation a homeowners association?	008
23		28 Branoon, T		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intan	
24	25		10 HILLSborous		No
ļ	9. Name and Address of Curre	nt Registereti Agent	81 Name	10. Name and Address of New Registered Agent	
LOCICE	DO: ANTHONY				
1001UE	RO, ANTHONY Andalay dr		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ON FL 33511		83		
			84 City	<b>■■ 85</b> Zip Co	
	·			FL   T	
11. Pursuant office or a	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statutes of Florida, Such change was au	the above-named corp	poration submits this statement for the purpose of changing its r tion's board of directors. I hereby accept the appointment as re	egistered distered
agent. I a	am familiar with, and accept the oblig	lations of, Section 617.0503, Flori	da Statutes		
SIGNATURE	Signature, typed or printed name of restricted to	J- no accus	A-n Thor Registered Agent signature requi	14 J. LoCICERO 7-12-9	00-
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
TITLE	DP C	☐ DELETE	1.1 TITLE	Change	Addition
NAME	LOCICERO, ANTHONY		1.2 NAME		
STREET ADDRESS	735 CLIMATE DR.		1.3 STREET ADDRESS / O	001 mandacay Dr, Branom f1.3	3511
CITY-ST-ZIP	BRANDON FL		1.4 CITY - ST - ZIP		<del></del>
TITLE	D CALL D	☐ DELETE	2.1 TITLE	Change (	Addition
NAME	MAISANO, SAM B. 18700 GULF BLVD.	,	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	INDIAN SHORES FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	b	DELETE	3.1 TITLE		
NAME	GAUSE, NORMA NEAL		9.1 IIILL	Change	Addition
STREET ADDRESS			3.2 NAME	: Li Change	Addition
1	606 RIVERSIDE DR.		1	: L1 Change	Addition
CITY-ST-ZIP	606 RIVERSIDE DR. TARPON SPRINGS FL		3.2 NAME		Addition
TITLE	606 RIVERSIDE DR. TARPON SPRINGS FL DS	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Addition Addition
TITLE NAME	606 RIVERSIDE DR. TARPON SPRINGS FL DS LOCICERO, GENEVIEVE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME	Change (	Addition
TITLE NAME STREET ADDRESS	606 RIVERSIDE DR. TARPON SPRINGS FL DS LOCICERO, GENEVIEVE 735 CLIMATE DRIVE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS / 0		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	606 RIVERSIDE DR. TARPON SPRINGS FL DS LOCICERO, GENEVIEVE	-	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DOIMMOALHY Dr. Brandonfl. 3	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	606 RIVERSIDE DR. TARPON SPRINGS FL DS LOCICERO, GENEVIEVE 735 CLIMATE DRIVE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	DOIMMOALHY Dr. Brandonfl. 3	Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	606 RIVERSIDE DR. TARPON SPRINGS FL DS LOCICERO, GENEVIEVE 735 CLIMATE DRIVE	☐ DÉLETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	DOIMMOALHY DY · Brandonf1. 3	Addition  S   Addition  Addition

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 addisss.

7-12-98

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