

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16786

1. Entity Name

OUR FATHER'S HOUSE CHURCH, INC.

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90118 018 ****70.00

00060082



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O ANTHONY LOCICERO
1001 MANDALAY DR
BRANDON FL 33511
US

1001 MANDALAY DR
BRANDON FL 33511
US

2. Principal Place of Business

3305 N Mitchell

3. Mailing Address

1001 MANDALAY DR

Suite, Apt. #, etc.

R.H.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Brandon FL 33511

Zip

33603

Country

Hillsboro

Zip

33511

Country

Hillsboro

4. FEI Number

59-2727534

Applied For

Not Applicable

5. Certificate of Status Desired

LT

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LOCICERO, ANTHONY
1001 MANDALAY DR
BRANDON FL 33511

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.

SIGNATURE

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 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOCICERO, ANTHONY
1001 MANDALAY DR
BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LOCICERO, GENEVIEVE
1001 MANDALAY DR
BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Anthony Locicero* REQUIRED

Anthony Locicero

7-6-2001 813684-8668

CR2007 (5/01)