

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91219 010 \*\*\*\*70.00

**DOCUMENT # N16786**

1. Entity Name

OUR FATHER'S HOUSE CHURCH, INC.



Principal Place of Business

3310 N NEBRASKA AVE  
TAMPA FL 33603  
US

Mailing Address

1001 MANDALAY DR  
BRANDON FL 33511  
US

**24066630**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2727534

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

LOCICERO, ANTHONY  
1001 MANDALAY DR  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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  
Due By May 1, 2004**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 J. Locicero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 813684-8668