

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90307 033 ****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

50042618

2. Principal Place of Business

3. Mailing Address

3310 N. Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl. 33603

Zip

Country

33603

USA.

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

LOCICERO, ANTHONY
1001 MANDALAY DR
BRANDON FL 33511

Address change

Name LOCICERO, ANTHONY

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

3310 N. Nebraska Ave

City

Tampa

FL

Zip Code

33603

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

Anthony Locicero

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DP
NAME LOCICERO, ANTHONY ☒ Change ☐ Addition
STREET ADDRESS 3310 N. Nebraska Ave
CITY-ST-ZIP TAMPA FL 33603

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

TITLE D
NAME MAISANO, SAM B. ☒ Change ☐ Addition
STREET ADDRESS 14009 LIVE OAK CIRCLE
CITY-ST-ZIP LARGO, FL 33774

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 8/3 476-3171

Date

Daytime Phone #