2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16786

FILED Feb 08, 2006 Secretary of State

Entity Name: OUR FATHER'S HOUSE CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3310 N NEBRASKA AVE TAMPA, FL 33603 US

Current Mailing Address: New Mailing Address:

3310 N. NEBRAKSA AVE
TAMPA, FL 33603 US
1001 MANDALAY DRIVE
BRANDON, FL 33511 US

FEI Number: 59-2727534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOCICERO, ANTHONY
3310 N. NEBRASKA AVE.
TAMPA, FL 33603 US

LOCICERO, ANTHONY
1001 MANDALAY DRIVE
BRANDON, FL 33511 US

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: ANTHONY LOCICERO 02/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition
Name: LOCICERO, ANTHONY, Name: LOCICERO, ANTHONY
Address: 2310 N. NERBASKA AVE

Address: 3310 N. NEBRASKA AVE. Address: 1001 MANDALAY DRIVE. City-St-Zip: TAMPA, FL 33603 City-St-Zip: BRANDON, FL 33511

Title: D () Delete Title: DS (X) Change () Addition
Name: MAISANO, SAM B., Name: MAISANO, SAM B

Address: 14009 LIVE OAK CIRCLE

Address: 14009 LIVE OAK CIRCLE Address: 14009 LIVE OAK CIRCLE
City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774

Title: D (X) Delete Title: () Change () Addition

 Name:
 GAUSE, NORMA NEAL,
 Name:

 Address:
 606 RIVERSIDE DR.
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL
 City-St-Zip:

Title: DS (X) Delete Title: () Change () Addition

 Name:
 LOCICERO, STEVEN
 Name:

 Address:
 1001 MANDALAY DR.
 Address:

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY LOCICERO DP 02/08/2006