

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 23 PM 2:50

DOCUMENT # N17046

1. Entity Name  
THE FATHER'S HOUSE OF TALLAHASSEE, INC.



Principal Place of Business  
3434 N. MONROE  
TALLAHASSEE, FL 32303

Mailing Address  
3434 N. MONROE  
TALLAHASSEE, FL 32303

2. Principal Place of Business

4909 N MONROE ST

3. Mailing Address

4909 N. MONROE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



07232004

Chg-NP

CR2E037 (10/03)

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

58-2392286

Applied For

Not Applicable

Zip

32303

Country

Zip

32303

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCIER, BRYCE L  
3434 N. MONROE ST.  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name - R L RUDD

Street Address (P.O. Box Number is Not Acceptable)  
4909 N. MONROE ST.

City TALLAHASSEE

FL

Zip Code

32303

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-22-04

Filing Fee is \$61.25  
Due by September 8, 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 MERCIER, BRYCE L  
STREET ADDRESS 3434 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Delete

TITLE DS  
NAME MERCIER, DIANE  
STREET ADDRESS 3434 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Delete

TITLE D  
NAME FEHLAUER, MICHAEL  
STREET ADDRESS 652 LOOP 337  
CITY-ST-ZIP NEW BRAUNFELS, TX 78130 ☒ Delete

TITLE D  
NAME WATTS, JAMES  
STREET ADDRESS 9027 SW 75TH WAY  
CITY-ST-ZIP GAINESVILLE, FL 32608 ☒ Delete

TITLE D  
NAME MCCAULEY, LYNDIA  
STREET ADDRESS 10141 DEERCLIFF DRIVE  
CITY-ST-ZIP TAMPA, FL 33647 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT DR ☒ Change ☐ Addition  
NAME KEN RUSSI  
STREET ADDRESS 984 PAUL THOMPSON RD  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE VICE PRESIDENT DVP ☒ Change ☐ Addition  
NAME ROB PIER  
STREET ADDRESS 2053 SHADY OAKS DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SECRETARY DS ☒ Change ☐ Addition  
NAME R L RUDD  
STREET ADDRESS 4909 N. MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500039692635  
07/29/04--01041--002 \*\*\$1.25

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

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8/7/23

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04 8:50 544-4663

Date

Daytime Phone #