FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30047** **(7)**

1. Corporation Name
OUR FATHER'S TABLE, INC.

Principal Place of Business	Mailing Address
4221 28TH AVENUE P.O. BOX 6114 VERO BEACH FL 32961	4221 28TH AVENUE P.O. BOX 6114 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/05/1989**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0203644** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LUNDY, RALPH .
4546 38TH AVE
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LUNDY, J. RALPH	12 NAME	
STREET ADDRESS	4546-38TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ARTHUR	22 NAME	
STREET ADDRESS	1850 38TH PL	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☑ Change ☐ Addition
NAME	HOOS, EDWARD V	32 NAME	STD CLAUDE C. CHEW
STREET ADDRESS	236 14TH AVENUE	33 STREET ADDRESS	236 14th AVENUE
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	DAS	41 TITLE	☑ Change ☐ Addition
NAME	KOEHLER, CINDY	42 NAME	DAS SYLVIA PERSON
STREET ADDRESS	5701 GLEN EAGLE LANE	43 STREET ADDRESS	5855 59TH COURT
CITY-ST-ZIP	VERO BEACH FL 32960	44 CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BERNICE	52 NAME	
STREET ADDRESS	4265 31ST AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Ralph Lundy J. RALPH LUNDY 5-2-95 561-562-68
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004707