**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # N30047 (7)**

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

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

Mailing Address
4221 28TH AVENUE
P.O. BOX 6114
VERO BEACH FL 32961

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 05/01/1995

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE J. Ralph Lundy — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE 8-1-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUNDY, J. RALPH | 1.2 NAME | |
| STREET ADDRESS | 4546-38TH AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HARRIS, ARTHUR | 2.2 NAME | |
| STREET ADDRESS | 1850 38TH PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | CHEW, CLAUDE C | 3.2 NAME | |
| STREET ADDRESS | 236 14TH AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | DAS ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | PERSON, SYLVIA | 4.2 NAME | |
| STREET ADDRESS | 58TT 59TH COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 5.1 TITLE D | ☒ Change ☐ Addition |
| NAME | JOHNSON, BERNICE | 5.2 NAME Wilmore Butler | |
| STREET ADDRESS | 4265 31ST AVE. | 5.3 STREET ADDRESS 4315 B - 28th Avenue | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | 5.4 CITY-ST-ZIP Vero Beach, Fl 32967 | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (3/96)

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)(k), 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 — 8-1-96 — 561-562-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00156383