


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/05/1989	
4. FEI Number 65-0203644	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 MT. Zion A.M.E. Church	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 4221 28th Avenue	27
City & State 23 Vero Beach FL	City & State
Zip 24 32967	Country
Country	Zip 29
Country	Country 30

9. Name and Address of Current Registered Agent
**LUNDY, RALPH
4548 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	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUNDY, J. RALPH		1.2 NAME HOPE C LEET	
STREET ADDRESS 4548-38TH AVENUE		1.3 STREET ADDRESS 210 INDIAN RIVER DRIVE	
CITY-ST-ZIP VERO BEACH FL		1.4 CITY-ST-ZIP VERO BEACH, FLORIDA 32963	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENOIT, EDMOND		4.2 NAME	
STREET ADDRESS 9790 61ST PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP SEBASTIAN FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, WILMORE		5.2 NAME	
STREET ADDRESS 4315B 28TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Ralph Lundy*

CRE037 (10/97)