

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

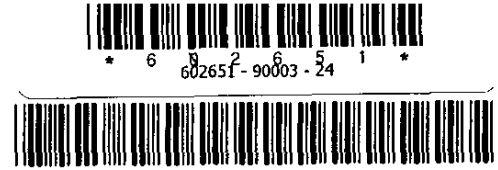
08-09-1999 90003 024 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30047**

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

Principal Place of Business MT ZION AME CHURCH 4221 28TH AVE VERO BEACH FL 32967 US	Mailing Address 4221 28TH AVENUE P.O. BOX 6114 VERO BEACH FL 32961
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/05/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0203644
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEET, HOPE C	1.2 NAME	BERNICE B. JOHNSON
STREET ADDRESS	210 INDIAN RIVER DR	1.3 STREET ADDRESS	4275 - 38th AVE
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	VERO BEACH, FL 32967
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOIT, EDMOND	4.2 NAME	SYLVIA PERSON
STREET ADDRESS	9790 61ST PLACE	4.3 STREET ADDRESS	5855 - 59th Court
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32967
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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE: Ralph Lundy DATE: 7/10/99 DAYTIME PHONE #: 561/532-5275

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