

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90259 049 \*\*\*\*70.00

**DOCUMENT # N30047**

1. Entity Name

**OUR FATHER'S TABLE, INC.**

Principal Place of Business

Mailing Address

**MT ZION AME CHURCH  
 4221 28TH AVE  
 VERO BEACH FL 32967  
 US**

**4221 28TH AVENUE  
 P.O. BOX 6114  
 VERO BEACH FL 32961-6114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0203644**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D JOHNSON, BERNICE B**  
 STREET ADDRESS **4275 38TH AVE**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD HARRIS, ARTHUR**  
 STREET ADDRESS **1850 38TH PL**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD CHEW, CLAUDE C**  
 STREET ADDRESS **236 14TH AVENUE**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PERSON, SYLVIA**  
 STREET ADDRESS **5855 59TH COURT**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BUTLER, WILMORE**  
 STREET ADDRESS **4315B 28TH AVENUE**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Ralph Lundy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-00 978-9820  
 562-6268  
 Date Daytime Phone #

CR2E037 (9/99)