

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30047**

1. Entity 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**



02282003 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0203644**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
HARRIS, ARTHUR  
1850 38TH PL  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
CHEW, CLAUDE C  
236 14TH AVENUE  
VERO BEACH, FL 32967**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BUTLER, WILMORE  
4315B 28TH AVENUE  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000170035  
08/13/04-80001-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*7-6-04-772/562-5275*  
Date Daytime Phone #