
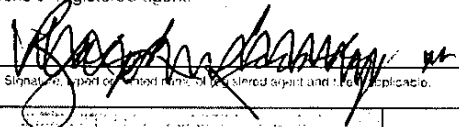
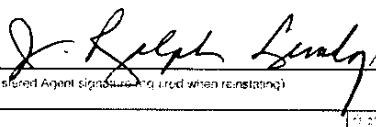


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 010 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0203644	
Zip		Zip		Country	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
6. Name and Address of Current Registered Agent LUNDY, RALPH 4546 38TH AVE VERO BEACH FL 32967				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code FL	
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 		SIGNATURE 		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHEW, CLAUDE C		NAME		
STREET ADDRESS	236 14TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERSON, SYLVIA		NAME		
STREET ADDRESS	5855 59TH COURT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKNEY, RACHEL		NAME		
STREET ADDRESS	2820 41TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTLER, WILMORE		NAME		
STREET ADDRESS	4221 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORBES, LYDIA		NAME		
STREET ADDRESS	2047 INDIAN SUMMER LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, REV. MILLARD		NAME		
STREET ADDRESS	745 BEACON ST. NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.