

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90787 022 ****70.00

DOCUMENT # N30047
1. Entity Name
OUR FATHER'S TABLE, INC.



Principal Place of Business Mailing Address
MT ZION AME CHURCH **4221 28TH AVENUE**
4221 28TH AVE **P.O. BOX 6114**
VERO BEACH FL 32967 **VERO BEACH FL 32961**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0203644** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, JOHN	
STREET ADDRESS	2861 45TH ST	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, ARTHUR	
STREET ADDRESS	1850 38TH PL	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHEW, CLAUDE C	
STREET ADDRESS	236 14TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PERSON, SYLVIA	
STREET ADDRESS	5855 59TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, WILMORE	
STREET ADDRESS	4315B 28TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE *Ralph Lundy* 4-10-03 772/562-6268

CR2E037 (10/02)