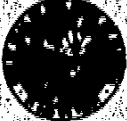


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

|                                               |                                                                                   |                                                                                                          |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <b>DOCUMENT # N30759 (7)</b><br>1. Corporation Name<br><b>MY FATHER'S HOUSE, INC.</b> |
|---------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**

**95 APR 18 PM 11:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>113 MARTIN STREET<br/>INDIAN HARBOUR BEACH FL 32937</b> | Mailing Address<br><b>113 MARTIN STREET<br/>INDIAN HARBOUR BEACH FL 32937</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                               |                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/17/1989</b>                                                                                                         | 3a. Date of Last Report<br><b>01/20/1994</b> |
| 4. FBI Number<br><b>59-2931014</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input checked="" type="checkbox"/>                                                                       | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>TAYLOR, WILLIAM A.<br/>113 MARTIN STREET<br/>INDIAN HARBOUR BEACH FL 32937</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name                                               |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83                                                    |                       |
| 84 City                                               | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             |
|----------------------------|-----------------------------|
| TITLE                      | <b>PTD</b>                  |
| NAME                       | <b>TAYLOR, WILLIAM A.</b>   |
| STREET ADDRESS             | <b>113 MARTIN ST.</b>       |
| CITY-ST-ZIP                | <b>INDIAN HARB.BEACH FL</b> |
| TITLE                      | <b>VSD</b>                  |
| NAME                       | <b>TAYLOR, YAEKO</b>        |
| STREET ADDRESS             | <b>113 MARTIN ST.</b>       |
| CITY-ST-ZIP                | <b>INDIAN HARB.BEACH FL</b> |
| TITLE                      | <b>D</b>                    |
| NAME                       | <b>HEINLY, DUNCAN R</b>     |
| STREET ADDRESS             | <b>1279 PINEWOOD DR</b>     |
| CITY-ST-ZIP                | <b>MELBOURNE FL 32935</b>   |
| TITLE                      |                             |
| NAME                       |                             |
| STREET ADDRESS             |                             |
| CITY-ST-ZIP                |                             |
| TITLE                      |                             |
| NAME                       |                             |
| STREET ADDRESS             |                             |
| CITY-ST-ZIP                |                             |
| TITLE                      |                             |
| NAME                       |                             |
| STREET ADDRESS             |                             |
| CITY-ST-ZIP                |                             |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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).

SIGNATURE:  **William A. Taylor, President.** 2/3/95 407-773-4885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #