

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N39585

(7)

95 FEB -9 AM 11:32

1. Corporation Name

OUR FATHER'S CLOSET, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL C. HUDDLESTON, ESQUIRE
431 EAST NEW YORK AVENUE
DELAND FL 32724-5511

C/O MICHAEL C. HUDDLESTON, ESQUIRE
431 EAST NEW YORK AVENUE
DELAND FL 32724-5511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1990

3a. Date of Last Report

01/27/1994

4. FEI Number

59-3038289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HUDDLESTON, MICHAEL C. ESQUIRE
431 EAST NEW YORK AVENUE
DELAND FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 607.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BLAKE, SANDRA JEAN
STREET ADDRESS 860 E. WISCONSIN AVENUE
CITY-ST-ZIP ORANGE CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

32762

TITLE VD
NAME BLAKE, ROBERT A.
STREET ADDRESS 860 E. WISCONSIN AVENUE
CITY-ST-ZIP ORANGE CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

32763

TITLE SD
NAME EBELT, LUELLA
STREET ADDRESS 720 TERRACE
CITY-ST-ZIP ORANGE CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

32763

TITLE TD
NAME SZARLETA, PATRICIA
STREET ADDRESS 4120 HOLLY ACRES CT.
CITY-ST-ZIP DELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

32724

TITLE D
NAME STUBBS, ROLAND
STREET ADDRESS 2450 S. GLEN EAGLES DR.
CITY-ST-ZIP DELAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an affidavit.

SIGNATURE: *Sandra B. Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 734-8350