

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 9:04

DOCUMENT # N39826

1. Corporation Name: FATHER'S HOUSE INC.

N/C 11/20/97

Principal Place of Business: FATHER'S HOUSE INC. 3540 SE LAKE WEIR AVE Ocala FL 34471

2. Principal Place of Business: 21 Same 22 Same 23 Ocala FL 24 34471 25 USA

2a. Mailing Address: 26 Same 27 Same 28 Same 29 Same 30 Same

3. Date Incorporated or Qualified: 9-7-90 3a. Date of Last Report: 1996 4. FEI Number: 59-3026516 5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required 6. Election Campaign Financing: [] \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent: 81 Name: Harold C Nichols 82 Street Address: 3540 SE Lake Weir Ave 83 84 City: Ocala FL 85 Zip Code: 34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Harold C Nichols (typed) Harold C Nichols (handwritten) Oct 27 1997 (date)

Table with 5 rows for Officers and Directors (Block 12). Columns: Title, Name, Street Address, City-ST-ZIP. Includes 'DELETE' checkboxes.

Table with 6 rows for Additional/Changes to Officers and Directors (Block 13). Columns: Title, Name, Street Address, City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes. Includes handwritten signatures and a stamp: 100002353021-4 -11/20/97-01074-020 *****70.00 *****70.00

14. I do 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 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: Donna L. Nichols (typed) Donna L. Nichols (handwritten)

Date: Oct 27/97 (352) 690-3678

CFR2E037 (9/96)



Father's House, Inc.

3540 S.E. Lake Weir Av. Ocala, Fl. 34471
(352)694-9446

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Gentleman,

We are applying for reinstatement of the Corporation of Father's House, Inc. As per our conversation with the Office of Reinstatement we would like to bring to your attention two important facts.

1. We never received notice due to an improper mailing address.
2. The Corporate Accountant passed away this year.

Due to his death there was much confusion; and although we never received notice, he was not here to advise us of our need to file.

We have enclosed a check in the amount of \$61.25, which represents the filing fee, in hope that you will waive penalties due to the above circumstances.

Sincerely,


Hal Nichols

Luke 14:12-24 Go out into the highways and along the hedges and compel them to come in that my house may be filled...