

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000005279

1. Entity Name  
THE FATHER'S TABLE, INC.



Principal Place of Business  
2100 COUNTRY CLUB RD  
SANFORD, FL 32771

Mailing Address  
2100 COUNTRY CLUB RD  
SANFORD, FL 32771



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3497806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRAY, N D JR  
% GREENSPOON, MARDER, ET AL  
201 E. PINE ST., STE. 500  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	GRAY, N D JR
STREET ADDRESS	201 E. PINE ST., STE. 500
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	T
NAME	GILARDI, PAMELA J
STREET ADDRESS	2100 COUNTRY CLUB RD
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	P
NAME	SCHLATER, JOHN
STREET ADDRESS	615 COPELAND MILL ROAD
CITY-ST-ZIP	WESTERVILLE, OH 43081

TITLE	S
NAME	FREDMAN, MARLA
STREET ADDRESS	2100 COUNTRY CLUB ROAD
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	AS
NAME	FRANTZ, MICHAEL J
STREET ADDRESS	2100 COUNTRY CLUB ROAD
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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: \_\_\_\_\_

N. DWAYNE GRAY, JR  
VICE PRESIDENT

4/28/06 408-425-6559  
Date Daytime Phone #