

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90027 001 ***138.75

02-27-2008 90027 002 ***11.25

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

66001639



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3497806

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08
Date

407-425-6559
Daytime Phone #