

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JUN 30 AM 9:17

DOCUMENT # 194000000747

1. Corporation Name

THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE & INTERNASIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1820 MONUMENT RD. PO BOX 350537
JACKSONVILLE, FL. 32225 JACKSONVILLE, FL
32235

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1820 MONUMENT RD	26 PO BOX 350537	2-14-94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3256752
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 JACKSONVILLE, FLORIDA	28 JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 32225 25 USA	29 32235 30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSE L. BOSQUE PRESIDENT/DIRECTOR
1030 BAISDEN RD
JACKSONVILLE, FL 32218

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 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

Jose L. Bosque President 6/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	11 TITLE VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSE L. BOSQUE	12 NAME EDMOND M. WILLIAMS
STREET ADDRESS 1030 BAISDEN RD	13 STREET ADDRESS 2325 McMILLAN ST
CITY-ST-ZIP JACKSONVILLE, FL 32218	14 CITY-ST-ZIP JACKSONVILLE, FL. 32209
TITLE VIC-PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> DELETE	21 TITLE SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLOS BOSQUE	22 NAME BILL COTNER
STREET ADDRESS 1020 BAISDEN RD	23 STREET ADDRESS 1374 BROOKMONT AVE. E.
CITY-ST-ZIP JACKSONVILLE, FL 32218	24 CITY-ST-ZIP JACKSONVILLE, FL. 32211
TITLE SECRETARY/DIRECTOR <input checked="" type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIO BOSQUE	32 NAME 100002924181--6
STREET ADDRESS 1000 BAISDEN RD	33 STREET ADDRESS -07/06/99--01141--019
CITY-ST-ZIP JACKSONVILLE, FL 32218	34 CITY-ST-ZIP *****70.00 *****70.00
TITLE DIRECTOR <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON PACHECO	42 NAME
STREET ADDRESS 8090 ATLANTIC BLVD. A-26	43 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL 32211	44 CITY-ST-ZIP
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARIEL MORALES	52 NAME
STREET ADDRESS 7819 LADY SMITH LN.	53 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL 32244	54 CITY-ST-ZIP
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JORGE MENA	62 NAME
STREET ADDRESS 11485 MANDARIN GLEN CIR. E.	63 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL. 32225	64 CITY-ST-ZIP

14. I 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, with or without other like empowered.

SIGNATURE:

Jose L. Bosque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99

Date

904-928-9000

Daytime Phone #

CR2E037 (11/98)