

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000747

1. Entity Name

THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PA

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90911 018 ****70.00

Principal Place of Business

Mailing Address

1820 MONUMENT RD.
JACKSONVILLE FL 32225

P.O. BOX 350537
JACKSONVILLE FL 32235-0537

00094433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3256752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSQUE, JOSE L
1030 BAISDEN RD
JACKSONVILLE FL 32218

Name

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

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BOSQUE, JOSE L
STREET ADDRESS 1030 BAISDEN RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE Secretary / Director ☐ Change ☒ Addition
NAME Bill Cotner
STREET ADDRESS 1374 Brookmont AVE E
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☒ Delete
NAME BOSQUE, CARLOS
STREET ADDRESS 1020 BAISDEN RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Gladys Ramos
STREET ADDRESS 7816 Catawba Dr
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE SD ☐ Delete
NAME BOSQUE, MARIO
STREET ADDRESS 1000 BAISDEN RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PACHECO, NELSON
STREET ADDRESS 8090 ATLANTIC BLVD., A-26
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MORALES, ARIEL
STREET ADDRESS 7819 LADY SMITH LN.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MENA, JORGE
STREET ADDRESS 11485 MANDARIN GLEN CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 617, 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

Date

Daytime Phone #

CR2E037 (9/99)