2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000747

FILED Jan 28, 2005 Secretary of State

Entity Name: THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE INTERNACIONAL), INC.

Current Principal Place of Business: New Principal Place of Business: 1820 MONUMENT RD JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 1820 MONUMENT RD JACKSONVILLE, FL 32225 FEI Number: 59-3256752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOSQUE, JOSE L 1820 MONUMENT RD JACKSONVILLE, FL 32225 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BOSQUE, JOSE L BOSQUE, JOSE L PBR. Name: Name: 1030 BAISDEN RD Address: 1030 BAISDEN RD Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: Title: (X) Change () Addition () Delete BOSQUE, DULCE Name: BOSQUE, MONICA R Name: Address: 1000 BAISDEN RD Address: 1030 BAISDEN RD City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: (X) Change () Addition GONZALEZ, EFREM GONZALEZ, EFREM Name: Name: Address: 2040 LEON RD Address: 2040 LEON RD City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: (X) Change () Addition Name: DOORN, ROBERT Name: MONIQUE, BOSQUE D Address: 9280 DALE VIEW LN. E. Address: 264 S. MARION ST. # GARDEN City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: OAK PARK,, IL 60302 Title: () Delete Title: () Change (X) Addition FREEMAN, MATTIE MIN. Name: Name: 12334 MASTIN COVE RD. Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change (X) Addition CHARLES, JEAN D PASTOR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

4083 SUNBEAM # 1016 JAX,, FL 32257

SIGNATURE: JOSE BOSQUE P 01/28/2005

Address:

City-St-Zip: