2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2014
Secretary of State
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Entity Name: OUR FATHER'S HOUSE FAMILY CENTER, INC.

Current Principal Place of Business:

1819 SW NEWPORT ISLES BOULEVARD
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1819 SW NEWPORT ISLES BOULEVARD
PORT SAINT LUCIE, FL 34953

FEI Number: 27-3096303

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHATMAN, KHALILAH C
1819 SW NEWPORT ISLES BOULEVARD
PORT SAINT LUCIE, FL 34953 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

Officer/Director Detail :

Title	PTD, CEO
Name	CHATMAN, JAMES R
Address	1819 SW NEWPORT ISLES BOULEVARD
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	D
Name	LESLEY, JOHN
Address	1833 SW ANGELICO LANE
City-State-Zip:	PORT ST. LUCIE FL 34984

Title	VICE PRESIDENT, CFO
Name	CHATMAN, KHALILAH C
Address	1819 SW NEWPORT ISLES BOULEVARD
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	D
Name	EATON, GREGORY
Address	5342 EADIE PLACE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SD
Name	JAMES, PEDIEDRA R
Address	3300 RJ HENDLEY AVENUE
City-State-Zip:	RIVIERA BEACH FL 33404

I hereby 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 all other like empowered.

SIGNATURE: JAMES CHATMAN — PRESIDENT, CEO — 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date