

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011656

**Entity Name:** THE FATHER'S HOUSE INTERNATIONAL, INC

**Current Principal Place of Business:**

651 17TH ST W  
UNIT P  
PALMETTO, FL 34221

**Current Mailing Address:**

1180 8TH AVE W  
PALMETTO, FL 34221 US

**FEI Number: 87-2945195**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL, WESLEE  
3728 76TH ST E  
PALMETTO, FL 34221 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            PRESIDENT  
Name            PAUL, WESLEE  
Address        3728 76TH ST E 257  
City-State-Zip: PALMETTO FL 34221

Title            VP  
Name            ETIENNE, JEAN BERNARD  
Address        6040 LYNN LAKE DR. APT. B  
City-State-Zip: ST PETERSBURG FL 33712

Title            SECRETARY  
Name            JEAN, GLADYS  
Address        1014 14TH ST. E.  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            COTIN, WILL SMITH  
Address        1243 31ST AVE E  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            PAUL, EDY  
Address        2809 22TH AVE W.  
City-State-Zip: BRADENTON FL 34205

Title            TREASURER  
Name            MARSEILLE-ETIENNE, PAULE  
                         EMMANUELLA  
Address        6040 LYNN LAKE DRIVE  
                         B  
City-State-Zip: ST PETERSBURG FL 34221

Title            DIRECTOR  
Name            PAUL, LUDE  
Address        3728 76TH ST E  
City-State-Zip: PALMETTO FL 34221

*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: WESLEE PAUL**

**PRESIDENT**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date