


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 705414 1. Entity Name OUR FATHER'S HOUSE, SATELLITE BEACH, INC.	
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Principal Place of Business 535 CASSIA BLVD. SATELLITE BEACH, FL 32937	Mailing Address 535 CASSIA BLVD. SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1082909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, TAMMY
535 CASSIA BLVD.
SATELLITE BEACH, FL 32937

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, WILLIAM E 1328 SOUTH PATRICK DR., APT.4 SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOOTH, LAURENCE R 240 AVOCADO ST SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, NELSON 325 NAUTICA CT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/23/05-80054-019 61.25

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IN THIS SPACE**

12. 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:  Laurence R. Booth/Pastor/Elder 4/21/05 321-777-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #