


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705414**  
 1. Entity Name  
 OUR FATHER'S HOUSE, SATELLITE BEACH, INC.



Principal Place of Business      Mailing Address  
 535 CASSIA BLVD.                      535 CASSIA BLVD.  
 SATELLITE BEACH, FL 32937          SATELLITE BEACH, FL 32937

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 59-1082909      Not Applicable

5. Certificate of Status Desired       \$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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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

U00000531115  
 05/06/06-80027-004 61.25

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information empowered.

SIGNATURE:       4-18-06      321-777-008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #