

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705414**

1. Entity Name  
OUR FATHER'S HOUSE, SATELLITE BEACH, INC.



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

Mailing Address  
535 CASSIA BLVD.  
SATELLITE BEACH, FL 32937



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1082909

Applied For  
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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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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U000000726092  
05/03/07-80049-003 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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IN THIS SPACE**

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 like empowered.

SIGNATURE: LAURENCE R. BOOTH 4/18/2007 321-777-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #