

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741826

FILED
Apr 25, 2009
Secretary of State

Entity Name: OUR FATHER'S HOUSE, INC.

Current Principal Place of Business:

320 NW 91 AVENUE
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

320 NW 91 AVENUE
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 59-1843075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, DAVID G
320 N W 91ST AVENUE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDM () Delete
Name: CONWAY, DAVID G
Address: 320 NW 91ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: MCDERMOTT, MICHEAL F
Address: 172 SW 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID G. CONWAY

PDM

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date