2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006930

FILED Mar 13, 2007 Secretary of State

Entity Name: THE FATHER'S HOUSE INTERNATIONAL FELLOWSHIP, INC.

ourrent i	rincipal Place of Bu	siness:	New Principal	Place of Business:	
	RANGE AVE. D, FL 32801				
Current Mailing Address:			New Mailing A	New Mailing Address:	
P.O. BOX ORLAND(580142 D, FL 32858 US				
FEI Number	: 71-0872643 FEI I	Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	d Address of Curren	t Registered Agent:	Name and Add	ress of New Registered Agent:	
OUTING, I 633 SAGC ORLANDO					
	e named entity submit e of Florida.	s this statement for the p	ourpose of changing its reg	gistered office or registered agent, or both	
SIGNATU	RE:				
	Electronic Sig	nature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	TRUS () Delete LEWIS, CHADDRICK : 5002 TURNBULL DRIV ORLANDO, FL 32812		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TRUS () Delete	SR	Title: Name: Address:	() Change () Addition	
Address:	829 HANKINS CIRCLE ORLANDO, FL 32805		City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	829 HANKINS CIRCLE			()Change()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	829 HANKINS CIRCLE ORLANDO, FL 32805 PRES () Delete OUTING, DAVID L 633 SAGO LANE		City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	829 HANKINS CIRCLE ORLANDO, FL 32805 PRES () Delete OUTING, DAVID L 633 SAGO LANE ORLANDO, FL 32811 DIR () Delete OUTING, APRIL L 633 SAGO LANE	CIRCLE, APT. 105	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	., .	

I hereby certify that the information supplied with this filing does not qualify for the 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 L OUTING PRES 03/13/2007