## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006930

FILED Apr 14, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3855 E. COLONIAL DR. 6000 E. COLONIAL DR. ORLANDO, FL 32806 ORLANDO, FL 32807 **Current Mailing Address: New Mailing Address:** 15622 PERDIDO DR. ORLANDO, FL 32828 US FEI Number: 71-0872643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OUTING, DAVID L 15622 PÉRDIDO DR. ORLANDO, FL 32828 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **TRUS TRUS** (X) Change ( ) Addition () Delete LEWIS, CHADDRICK SR LEWIS, CHADDRICK SR Name: Name: 5002 TURNBULL DRIVE Address: 11550 BENTRY ST Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32824 Title: TRUS () Delete Title: () Change () Addition Name: RANDALL, KENNETH SR Name: Address: 829 HANKINS CIRCLE Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: PRES () Delete Title: () Change () Addition OUTING, DAVID L Name: Name: Address: 15622 PERDIDO DR. Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition Name: OUTING, APRIL L Name: Address: 15622 PERDIDO DR. Address: City-St-Zip: ORLANDO, FL 32828 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 LOUTING **PRES** 04/14/2009