

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002887

FILED  
Feb 14, 2005  
Secretary of State

**Entity Name:** THE FATHER'S HOUSE OUTREACH, INC.

**Current Principal Place of Business:**

15997 SW 54TH TERRACE  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

15997 SW 54TH TERRACE  
MIAMI, FL 33185 US

**New Mailing Address:**

**FEI Number:** 51-0463971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOVEA, DARIO R  
15953 SW 74TH STREET  
MIAMI, FL 33193 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: VD ( ) Delete  
Name: ESTEBAN, LOZA  
Address: 15997 SW 54TH TERRACE  
City-St-Zip: MIAMI, FL 33185 US

Title: TD ( ) Delete  
Name: GUSTAVO, MOJICA A  
Address: 11806 SW 272 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: PD ( ) Delete  
Name: RICARDO, PEDRINI A  
Address: 15997 SW 54TH TERRACE  
City-St-Zip: MIAMI, FL 33185 US

Title: VD ( ) Delete  
Name: GLADIS, PEDRINI L  
Address: 15997 SW 54TH TERRACE  
City-St-Zip: MIAMI, FL 33185 US

Title: SD ( ) Delete  
Name: JULIAN, TORRES A  
Address: 6770 SW 105 AVENUE  
City-St-Zip: MIAMI, FL 33173 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: RICARDO PEDRINI

PD

02/14/2005

Electronic Signature of Signing Officer or Director

Date