2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007
Secretary of State

DOCUMENT# N04000001504

Entity Name: THE FATHER'S HEART FELLOWSHIP INC

Current Principal Place of Business:

1820 MONUMENT RD.
BLDG. 200
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9951 ATLANTIC BLVD.
SUITE 465
JACKSONVILLE, FL 32225 US

New Mailing Address:

1010 BAISDEN RD.
JACKSONVILLE, FL 32218 US

FEI Number: 20-0731201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSQUE, MARCOS D
1010 BAISDEN RD
JACKSONVILLE, FL 32218 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: P ( ) Delete
Name: BOSQUE, MARCOS D
Address: 1010 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DIR (X) Delete
Name: BOSQUE, CARLOS SR.
Address: 1020 BAISDEN RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DIR ( ) Delete
Name: ROBEY, OLEN D
Address: 730 LIBRA ST.
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DIR ( ) Delete
Name: JACKSON, KAREN
Address: 9244 CAMSHIRE DR.
City-St-Zip: JACKSONVILLE, RD 32224 US

Title: DIR ( ) Delete
Name: BOSQUE, MARIO L
Address: 1000 BAISDEN RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SEC ( ) Delete
Name: BOSQUE, DYVON
Address: 1010 BAISDEN RD.
City-St-Zip: JACKSONVILLE, FL 32218 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:

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: DYVON BOSQUE SEC 09/11/2007
Electronic Signature of Signing Officer or Director — Date