

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010285

FILED
Apr 01, 2007
Secretary of State

Entity Name: OUR FATHER'S HOUSE FOR CHILDREN, CORP.

Current Principal Place of Business:

16219 NW 84TH AVE.
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

16219 NW 84TH AVE.
MIAMI, FL 33016

New Mailing Address:

FEI Number: 22-3904320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, EDILIA L
16219 NW 84TH AVE.
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

COSTA, SILVIA
16219 NW 84TH AVE.
MIAMI, FL 33016 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: SILVIA COSTA

04/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTA, SILVIA
Address: 201 RACQUET CLUB RD., #N-220
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: COSTA, KARINA
Address: 201 RACQUET CLUB RD., #N-220
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: COSTA, JOSE
Address: 201 RACQUET CLUB RD., #N-220
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: HERNANDEZ, EDILIA L
Address: 16216 NW 84TH AVE.
City-St-Zip: MIAMI, FL 33016

Title: SD () Delete
Name: GUERRERO, CARLA
Address: 20573 SW 1ST ST.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSTA, SILVIA
Address: 16219 NW 84TH AVENUE
City-St-Zip: MIAMI LAKES, FL 33016

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

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

Title: D (X) Change () Addition
Name: HERNANDEZ, EDILIA L
Address: 16216 NW 84TH AVE.
City-St-Zip: MIAMI, FL 33016

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 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: SILVIA COSTA

PD

04/01/2007

Electronic Signature of Signing Officer or Director

Date