

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010285

FILED  
Apr 15, 2008  
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:**

COSTA, SILVIA  
16219 NW 84TH AVE.  
MIAMI, FL 33016 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: PD ( ) Delete  
Name: COSTA, SILVIA  
Address: 16219 NW 84TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33016

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: D ( ) 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: ( ) 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: SILVIA COSTA

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date