

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31475

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** OUR FATHER'S HOUSE SOUP KITCHEN, INC.

**Current Principal Place of Business:**

2380 M. L. KING BLVD.  
POMPAN0 BEACH, FL 33061

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 71  
POMPAN0 BEACH, FL 330610071

**New Mailing Address:**

P.O. BOX 668571  
POMPAN0 BEACH, FL 33066

**FEI Number:** 65-0150748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTONNO, PHYLIS  
2380 MARTIN LUTHER KING BLVD  
POMPAN0 BEACH, FL 33061 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: ROTONNO, PHYLIS  
Address: 8804 WARICK DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: SANDS, MYRNA  
Address: 3040 HOLIDAY SPRINGS BLVD  
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete  
Name: CRISSY, KATIE  
Address: 7551 NW 43 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: P (X) Change ( ) Addition  
Name: ROTONNO, PHYLLIS  
Address: 8804 WARICK DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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: MYRNA SANDS

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date