


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N39826

1. Entity Name
FATHER'S HOUSE, INC.



Principal Place of Business Mailing Address

**272 - 189TH TERR
 SUNNY ISLES BEACH FL 33160
 US** **272 - 189TH TERR
 SUNNY ISLES BEACH FL 33160
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt #, etc.

City & State City & State

Zip Zip Country Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**ISRAEL, PETER B
 272 - 189TH TERR
 SUNNY ISLES BEACH FL 33160**

4. FEI Number Applied For

59-3026516 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

PETER B. ISRAEL, PRES.

SIGNATURE *Peter B Israel* *2/20/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ISRAEL, PETER B	
STREET ADDRESS	272-189TH TERR.	
CITY - ST - ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYNNE, JOSHUA	
STREET ADDRESS	272-189TH TERR.	
CITY - ST - ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ISRAEL, SARAH	
STREET ADDRESS	272-189TH TERR.	
CITY - ST - ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000063846	
CITY - ST - ZIP	02/23/04-80177-024 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PETER B. ISRAEL* *Peter B Israel* *2/20/04* *3053229610*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #