


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39826**  
 1. Entity Name  
**FATHER'S HOUSE, INC.**



Principal Place of Business      Mailing Address  
 272 - 189TH TERR      272 - 189TH TERR  
 SUNNY ISLES BEACH, FL 33160 US      SUNNY ISLES BEACH, FL 33160 US

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3026516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 ISRAEL, PETER B  
 272 - 189TH TERR  
 SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ISRAEL, PETER B 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WYNNE, JOSHUA 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ISRAEL, SARAH 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*      4/11/08      407-424-5892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #