

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90180 035 \*\*\*\*70.00

**DOCUMENT # N39826**

1. Entity Name

FATHER'S HOUSE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
272 - 189TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address  
272 - 189TH TERRACE

Suite, Apt. #, etc.

City & State  
SUNNY ISLES BEACH, FL

City & State  
SUNNY ISLES BEACH, FL

4. FEI Number 59-3026516

Applied For

Not Applicable

Zip  
33160

Country  
USA

Zip  
33160

Country  
USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ISRAEL, PETER B.

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

272 - 189TH TERRACE

City SUNNY ISLES BEACH

FL

Zip Code  
33160

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

*Peter B. Israel*

PETER B. ISRAEL, PRES.

1/31/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, PETER B. ISRAEL, 272-189TH TERR. SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSHUA WYNNE, 272-189TH TERR. SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREAS SARAH ISRAEL, 272-189TH TERR. SUNNY ISLES BEACH, FL 33160	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 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Peter B. Israel*

PETER B. ISRAEL

1/31/03

407 927 5436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)