

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000747

FILED
Feb 09, 2006
Secretary of State

Entity Name: THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE INTERNACIONAL), INC.

Current Principal Place of Business:

1820 MONUMENT RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1820 MONUMENT RD.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3256752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOSQUE, JOSE L
1820 MONUMENT RD.
JACKSONVILLE, FL 32225 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: BOSQUE, JOSE L PBR.
Address: 1030 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: BOSQUE, MONICA R
Address: 1030 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: GONZALEZ, EFREM
Address: 2040 LEON RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MONIQUE, BOSQUE D
Address: 264 S. MARION ST. # GARDEN
City-St-Zip: OAK PARK,, IL 60302

Title: SD () Delete
Name: FREEMAN, MATTIE MIN.
Address: 12334 MASTIN COVE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CHARLES, JEAN D PASTOR
Address: 4083 SUNBEAM # 1016
City-St-Zip: JAX,, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOSQUE, JOSE L PBR.
Address: 1820 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: BOSQUE, LISETTE J
Address: 1030 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUAU, FRANK
Address: 11133 RIFLE RUN RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHARLES, JEAN D PASTOR
Address: 10275 OLD ST. AUGUSTINE RD # 602
City-St-Zip: JAX,, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE L. BOSQUE

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date