
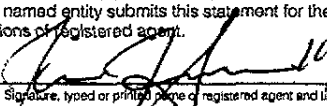
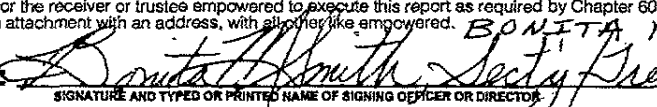


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000081416		
1. Entity Name MY FATHER'S HOUSE FELLOWSHIP, INC.		
Principal Place of Business 479 LANFAIR AVENUE SEBASTIAN, FL 32958	Mailing Address 479 LANFAIR AVE SEBASTIAN, FL 32958	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, JOHN J III 479 LANFAIR AVE SEBASTIAN, FL 32958		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  <u>JOHN J. SMITH III PRES.</u> <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN J III 479 LANFAIR AVE SEBASTIAN, FL 32958	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, BONITA M 479 LANFAIR AVE SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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. <u>BONITA M. SMITH</u> SIGNATURE:  <u>4/19/06</u> <u>772-388-4884</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1035948

Applied For
Not Applicable

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

U00000527877
05/05/06-80014-013 150.00