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99 JUN 30 AM 9:17

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *194000000747*

1. Corporation Name
THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE & INTERNASIONAL)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1820 MONUMENT RD. JACKSONVILLE, FL. 32225	Mailing Address PO BOX 350537 JACKSONVILLE, FL 32235
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2. Principal Place of Business 21 1820 MONUMENT RD Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 350537 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 2-14-94
22 City & State 23 JACKSONVILLE, FLORIDA	27 City & State 28 JACKSONVILLE, FL	4. FEI Number 59-3256752
24 Zip 32225	25 Country USA	29 Zip 32235
30 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JOSE L. BOSQUE PRESIDENT/DIRECTOR 1030 BAISDEN RD JACKSONVILLE, FL 32218		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jose L. Bosque President* DATE: **6/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	11 TITLE VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12 NAME JOSE L. BOSQUE	13 NAME EDMOND M. WILLIAMS
STREET ADDRESS 1030 BAISDEN RD	14 CITY-ST-ZIP JACKSONVILLE, FL. 32209	13 STREET ADDRESS 2325 McMILLAN ST	14 CITY-ST-ZIP JACKSONVILLE, FL. 32211
CITY-ST-ZIP JACKSONVILLE, FL 32218	21 TITLE VIC-PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> DELETE	22 NAME CARLOS BOSQUE	23 STREET ADDRESS 1374 BROOKMONT AVE. E.
TITLE VIC-PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP JACKSONVILLE, FL 32218	24 CITY-ST-ZIP JACKSONVILLE, FL. 32211	31 TITLE SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLOS BOSQUE	32 NAME MARIO BOSQUE	33 STREET ADDRESS 1000 BAISDEN RD	34 CITY-ST-ZIP JACKSONVILLE, FL 32218
STREET ADDRESS 1020 BAISDEN RD	41 TITLE DIRECTOR <input type="checkbox"/> DELETE	33 STREET ADDRESS 1000 BAISDEN RD	42 NAME NELSON PACHECO
CITY-ST-ZIP JACKSONVILLE, FL 32218	43 STREET ADDRESS 8090 ATLANTIC BLVD. A-26	34 CITY-ST-ZIP JACKSONVILLE, FL 32218	44 CITY-ST-ZIP JACKSONVILLE, FL 32211
TITLE SECRETARY/DIRECTOR <input checked="" type="checkbox"/> DELETE	51 TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	41 TITLE SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	52 NAME ARIEL MORALES
NAME MARIO BOSQUE	52 NAME ARIEL MORALES	53 STREET ADDRESS 7819 LADY SMITH LN.	54 CITY-ST-ZIP JACKSONVILLE, FL 32244
STREET ADDRESS 1000 BAISDEN RD	53 STREET ADDRESS 7819 LADY SMITH LN.	54 CITY-ST-ZIP JACKSONVILLE, FL 32244	61 TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP JACKSONVILLE, FL 32218	54 CITY-ST-ZIP JACKSONVILLE, FL 32244	62 NAME JORGE MENA	63 STREET ADDRESS 11485 MANDARIN GLEN CIR. E.
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	61 TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	63 STREET ADDRESS 11485 MANDARIN GLEN CIR. E.	64 CITY-ST-ZIP JACKSONVILLE, FL 32225
NAME JORGE MENA	62 NAME JORGE MENA	64 CITY-ST-ZIP JACKSONVILLE, FL 32225	
STREET ADDRESS 11485 MANDARIN GLEN CIR. E.	63 STREET ADDRESS 11485 MANDARIN GLEN CIR. E.		
CITY-ST-ZIP JACKSONVILLE, FL 32225	64 CITY-ST-ZIP JACKSONVILLE, FL 32225		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose L. Bosque* DATE: **6/28/99** DAYTIME PHONE #: **904-928-9000**

CR2E037 (11/98)