

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90004 029 ****70.00

DOCUMENT # N9400000747

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



Principal Place of Business
 1820 MONUMENT RD.
 JACKSONVILLE, FL 32225

Mailing Address
 1820 MONUMENT RD.
 JACKSONVILLE, FL 32225

54033422



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
BOSQUE, JOSE L
1030 BAISDEN RD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent
 Name **Pbr. Jose L. Bosque**
 Street Address (P.O. Box Number is Not Acceptable)
1820 Monument Road
 City **Jacksonville** FL Zip Code **32225**

4. FEI Number
59-3256752

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	BOSQUE, JOSE L	
STREET ADDRESS	1030 BAISDEN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSQUE, MARIO	
STREET ADDRESS	1000 BAISDEN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, CELESTINO	
STREET ADDRESS	2640 TROLLIE LANE #12	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSQUE, DULCE	
STREET ADDRESS	1000 BAISDEN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EFREM	
STREET ADDRESS	2040 LEON RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOORN, ROBERT	
STREET ADDRESS	9280 DALE VIEW LN. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose L. Bosque Date: 4/8/04 Daytime Phone #: 904-928-9000