


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90098 027 \*\*\*\*70.00

<b>DOCUMENT # N9400000747</b>	
1. Entity Name <b>THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE INTERNACIONAL), INC.</b>	

Principal Place of Business 1820 MONUMENT RD. JACKSONVILLE, FL 32225	Mailing Address 1820 MONUMENT RD. JACKSONVILLE, FL 32225
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3256752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BOSQUE, JOSE L 1820 MONUMENT RD. JACKSONVILLE, FL 32225	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOSQUE, JOSE L PBR.		NAME	
STREET ADDRESS 1820 MONUMENT ROAD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32225		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOSQUE, LISETTE J		NAME	
STREET ADDRESS 1030 BAISDEN RD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32218		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, EFREM		NAME	
STREET ADDRESS 2040 LEON RD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32246		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUAU, FRANK		NAME	
STREET ADDRESS 11133 RIFLE RUN RD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32225		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEMAN, MATTIE MIN.		NAME	
STREET ADDRESS 12334 MASTIN COVE RD.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32225		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHARLES, JEAN D PASTOR		NAME	
STREET ADDRESS 10275 OLD ST. AUGUSTINE RD # 602		STREET ADDRESS	
CITY-ST-ZIP JAX., FL 32257		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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose Bosque President*  
 1/18/07  
 Date Daytime Phone #