

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2008  
Secretary of State**

DOCUMENT# N94000000747

**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: 1820 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: BOSQUE, DULCE M  
Address: 1000 BAISDEN RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD      (X) Change ( ) Addition  
Name: REED, JULIA  
Address: 2019 BELVEDERE RD  
City-St-Zip: JACKSONVILLE, FL 32208

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

I hereby certify that the information supplied with this filing does not qualify 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

PD

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date