I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am an officer or director of the corporation or the receiver or trustee empowered above, or on an attachment with all other like empowered.		
SIGNATURE: JOHN KEEN	SD	04/30/201

SIGNATURE: JOHN KEEN

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Title SD TD Name KEEN, JOHN Name TURNER, NELSON Address 2200 ST. THERESA WAY Address 325 NAUTICA CT City-State-Zip: City-State-Zip: MELBOURNE FL 32935 Title DIRECTOR NICKELL, KENDALL Name

Address

City-State-Zip:

535 CASSIA BLVD.

SATELLITE BEACH FL 32937

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
Officer/Director Detail -

Name and Address of Current Registered Agent:

FEI Number: 59-1082909

GOINS, LINDA 535 CASSIA BLVD.

SATELLITE BEACH, FL 32937 US

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705414

Entity Name: OUR FATHER'S HOUSE, SATELLITE BEACH, INC.

Current Principal Place of Business:

535 CASSIA BLVD. SATELLITE BEACH, FL 32937

Current Mailing Address:

535 CASSIA BLVD. SATELLITE BEACH. FL 32937

Certificate of Status Desired: No

SATELLITE BEACH FL 32937

04/30/2015

Date

Date

FILED Apr 30, 2015 Secretary of State CC2713355536