

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705414

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC0465658013**

**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

**FEI Number:** 59-1082909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOINS, LINDA  
535 CASSIA BLVD.  
SATELLITE BEACH, FL 32937 US

*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

**Officer/Director Detail :**

Title SD  
Name KEEN, JOHN  
Address 2200 ST. THERESA WAY  
City-State-Zip: MELBOURNE FL 32935

Title PD  
Name BOOTH, LAURENCE R  
Address 240 AVOCADO ST  
City-State-Zip: SATELLITE BEACH FL 32937

Title TD  
Name TURNER, NELSON  
Address 325 NAUTICA CT  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name STANLEY, JAMES  
Address 2605 SADLER LANE  
City-State-Zip: MELBOURNE FL 32935

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAURENCE BOOTH

**PRESIDENT/DIRECTOR**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date