FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32738 (9)

1. Corporation Name

LATTERRAIN OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 490937 FT. LAUDERDALE FL 33349-0937	P.O. BOX 490937 FT. LAUDERDALE FL 33349-0937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4153 NW State Rd 7
Suite, Apt. #, etc.
22 LAUDERDALE LAKES
City & State
23 FLORIDA 33309
Zip 33309 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BUIKUS, DONALD H.
1946 NW 54TH AVENUE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	RHODEN, ANTOINETTE	1.2 NAME	
STREET ADDRESS	3121 NW 43RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
	T	2.1 TITLE	☐ Change ☐ Addition
	PEARSON, LURINE	2.2 NAME	
STREET ADDRESS	3121 NW 43 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DACRES, ROSA	3.2 NAME	
STREET ADDRESS	225 IOWA AVE APT 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, JUDITH	4.2 NAME	VD
STREET ADDRESS	7089 N.W. 49 ST.	4.3 STREET ADDRESS	COOPER, JUDITH
CITY-ST-ZIP	LAUDERHILL FL 33319	4.4 CITY-ST-ZIP	CHESTNUT CREEK APT 3374 AZTEC RD DORAVILLE GEORGIA 30340
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	MORNING, MICHAEL	5.2 NAME	
STREET ADDRESS	4670 N.W. 79TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OSTENDARP, JOYCE	6.2 NAME	
STREET ADDRESS	12750 ORANGE BLOSSOM BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A Rhoden RHODEN ANTOINETTE 2.6.1995 (305) 733-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6047840