FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUI	MENT # N3273	l 8 (9)			
LATTERRAIN OUTREACH MINISTRY, INC.					
Principal Place of Business Mailing Address				1 AZBANJON DOB FAIKO INBIR FOUDD KANDI PORIN DIBIN BANDI BANDI BANDI BANDI BANDI BANDI.	
4153 NW STATE RD 7 P.O. BOX 490937 LAUDERDALE LAKES FL 33319 FT. LAUDERDALE FL 33349-0 US			19-0907	3. Date Incorporated or Qualified 06/08/1989 4. FEI Number Applied For	
				NOT APPLICABLE Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address		Certificate of Status Desired \$8.75 Additional Fee Regulard	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
27		-		Trust Fund Contribution	
		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24	9. Name and Address of Currel	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	S. Name Bijo Address Of Curre	II Hoğistered Ağerit	81 Nar		
BUNKUS	DONALD H		,,,,,,		
BUIKUS, DONALD H. 1946 NW 54TH AVENUE			BZ Stre	82 Street Address (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063			83		
			84 City	ty 85 Zip Code	
## 65	17 CT	On and CAT 4500 Florida Cont.	100 100 100 100	FL 18 24 COOK	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered ag			nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DP OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RHODEN, ANTOINETTE		1,2 NAME		
STREET ADDRESS	3121 NW 43RD STREET		1.3 STREET ADDRES	HESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP		
TITLE	* .5	☐ DELETE	21 TITLE	SECRETARY Change Addition	
NAME	PEARSON, LURINE		2.2 NAME		
STREET ADDRESS	3121 NW 43 ST		2.3 STREET ADDRES	1	
CITY-ST-ZIP	LAUDERDALE LAKES FL	DELETE	2.4 CITY-ST-ZIP	Change Addition	
TITLE NAME	D Dacres, Rosa	□ DETELE	3.1 TITLE 3.2 NAME		
STREET ADDRESS	225 YOWA AVE APT 4		3.3 STREET ADDRES	ESS 4724 NW SOM Street	
CITY-ST-ZIP	FT LADBERDALE FL		3.4. CITY-ST-ZIP		
TITLE	\$ D	DELETE	4.1 TITLE		
NAME	COOPER, JUDITH		4. 2 NAME	DIRECTOR LAddition	
STREET ADDRESS	ET ADDRESS CHESTNUT CREEK APT 3374 AZTEC RD		4.3 STREET ADDRES	ess Double Children a rankway	
CITY-ST-ZIP	DORAVILLE GA		4.4 CITY-ST-ZIP		
TITLE	DV	DELETE	5.1 TITLE	VICE PRESIDENT D Change Addition	
NAME	LLEWLYN RHODEN, SENIOR		5.2 NAME		
STREET ADORESS	3121 NW 43RD ST		5.3 STREET ADDRES	1	
CITY-ST-ZIP	LAUDERDALE LAKES FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	
TITLE NAME		ביין הכוכונ	6.2 NAME	LI Cressign Li Addition	
STREET ADDRESS			6.3 STREET ADDRES	FSS	
OTREE ALAMESS			D. S SINEET ADDINES		

14. I hereby certify that the information supplied with this filing 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:

VATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

ANTOINETTE RHODEN 1.

CR2E037 (10/97)

FILED

Mar 10 1998 8:00am

Secretary of State