

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90019 009 ****70.00

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DOCUMENT # N32738

1. Corporation Name

LATTERRAIN OUTREACH MINISTRY, INC.

Principal Place of Business

4153 NW STATE RD 7
LAUDERDALE LAKES FL 33319
US

Mailing Address

P.O. BOX 490937
FT. LAUDERDALE FL 33349-0937

4153 NW STATE RD 7

2. Principal Place of Business

21 LAUDERDALE LAKES

Suite, Apt. #, etc.

22 FL 33319

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/08/1989

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

10. Name and Address of New Registered Agent

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	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	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	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 ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DACRES, ROSA	3.2 NAME	
STREET ADDRESS	4724 NW 50TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, JUDITH	4.2 NAME	
STREET ADDRESS	6875 ALEXANDRA PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA 30135	4.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LLEWLYN RHODEN, SENIOR	5.2 NAME	
STREET ADDRESS	3121 NW 43RD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **ANTOINETTE RHODEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 731-1835

Date

Daytime Phone #

CR2E037 (11/98)