2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90021 003 ****70.00

DOCUMENT # N32738

1. Entity Name

LATTERRAIN OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
4153 NW STATE RD 7 LAUDERDALE LAKES FL 33319 US	P.O. BOX 490937 FT. LAUDERDALE FL 33349-0937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RHODEN, ANTOINETTE		NAME	
STREET ADDRESS	3121 NW 43RD STREET		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEARSON, LURINE		NAME	
STREET ADDRESS	3121 NW 43 ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DACRES, ROSA		NAME	
STREET ADDRESS	4724 NW 50TH ST		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOPER, JUDITH		NAME	
STREET ADDRESS	6875 ALEXANDRA PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA 30135		CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLEWLYN RHODEN, SENIOR		NAME	
STREET ADDRESS	3121 NW 43RD ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Rhoden ANTOINETTE RHODEN 1/16/2000 954-733-17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #