2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

7100 PINES BLVD

DOCUMENT # N0000006680 1. Entity Name LATTER RAIN FAMILY WORSHIP CENTER, INC.

Principal Place of Business

PEMBROKE PINES FL 33024

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

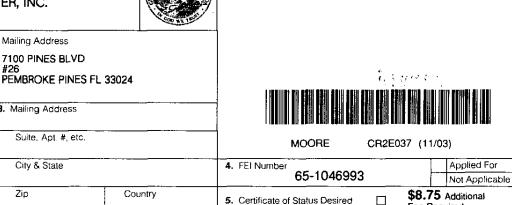
Zip

7100 PINES BLVD

May 17, 2004 8:00 am Secretary of State

05-17-2004 90013 040 ****61.25

Fee Required



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CAL X Street Address (P.O. Box Number is Not Acceptable) 9740 MILL POND DR. MIRAMAR FL 33025 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition ROBERTS, CAL X NAME NAME 9740 MILL POND DR. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROBERTS, RENEE L NAME NAME 9740 MILL POND DR. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-7IP CITY-ST-7IP Director Addition TITLE Delete TITLE Change MCDONALD, MARJORIE Will Smith 1731 SW 86# Ave NAME NAME 10369 SW 16TH ST. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP Miraner FL 33005 Delete Director Wendy Smith Addition TITLE TITLE ☐ Change ADORRO, ANTHONAL NAME NAME **5940 NW 194TH STREET** STREET ADDRESS STREET ADDRESS 1731 she 864 Ave MIAMI FL 33015-4810 CITY-ST-ZIP CITY-ST-ZIP Miramer, FL 33025 TITLE TITLE ☐ Change Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR