

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

FILED
May 17, 2004 8:00 am
Secretary of State

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

DOCUMENT # N00000006680

1. Entity Name

LATTER RAIN FAMILY WORSHIP CENTER, INC.



Principal Place of Business

7100 PINES BLVD
#26
PEMBROKE PINES FL 33024

Mailing Address

7100 PINES BLVD
#26
PEMBROKE PINES FL 33024

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

65-1046993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROBERTS, CAL X
9740 MILL POND DR.
MIRAMAR FL 33025

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. 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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ROBERTS, CAL X
STREET ADDRESS 9740 MILL POND DR.
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Delete
NAME ROBERTS, RENEE L
STREET ADDRESS 9740 MILL POND DR.
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☒ Delete
NAME MCDONALD, MARJORIE
STREET ADDRESS 10369 SW 16TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☒ Delete
NAME ADORRO, ANTHONAL
STREET ADDRESS 5940 NW 194TH STREET
CITY-ST-ZIP MIAMI FL 33015-4810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Will Smith
1731 SW 86th Ave
CITY-ST-ZIP Miramar, FL 33025

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Wendy Smith
1731 SW 86th Ave
CITY-ST-ZIP Miramar, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Cal X Roberts

Date

4-8-04

Daytime Phone #

(954) 893-7616