

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006680

FILED  
Sep 06, 2007  
Secretary of State

**Entity Name:** LATTER RAIN FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

7100 PINES BLVD  
#3  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

13099 SW 21 STREET  
MIRAMAR, FL 33027

**Current Mailing Address:**

7100 PINES BLVD  
#3  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

13099 SW 21 STREET  
MIRAMAR, FL 33027

**FEI Number:** 65-1046993      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ROBERTS, CAL X  
Address: 9740 MILL POND DR.  
City-St-Zip: MIRAMAR, FL 33025

Title: D      ( ) Delete  
Name: ROBERTS, RENEE L  
Address: 9740 MILL POND DR.  
City-St-Zip: MIRAMAR, FL 33025

Title: D      ( ) Delete  
Name: SMITH, WILL  
Address: 1731 SW 86TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D      ( ) Delete  
Name: SMITH, WENDY  
Address: 1731 SW 86TH AVE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE ROBERTS

D

09/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date