2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N00000006680

Entity Name: LATTER RAIN FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

9600 MIRAMAR BOULEVARD
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

9740 MILL POND DRIVE
MIRAMAR, FL 33025

New Mailing Address:

PO BOX 279127
MIRAMAR, FL 33027

FEI Number: 65-1046993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Title: VP ( ) 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: S ( ) 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 VP 03/09/2009

Electronic Signature of Signing Officer or Director — Date