

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005796

FILED
May 25, 2004
Secretary of State**Entity Name:** LATTER RAIN MINISTRIES, INC**Current Principal Place of Business:**825 NW 23RD AVENUE
SUITE 2D
GAINESVILLE, FL 32609**New Principal Place of Business:****Current Mailing Address:**PO BOX 290
LACROSSE, FL 32658**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SOPHIA, CARTER SEC
825 NW 23RD AVENUE
SUITE 2D
GAINESVILLE, FL 32609 US**Name and Address of New Registered Agent:**MOZELL, SARAH TR
825 NW 23RD AVENUE
SUITE 2D
GAINESVILLE, FL 32609 US

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: SARAH MOZELL

05/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: PHILLIPS, JANICE E
Address: 7202 W SR 235
City-St-Zip: LACROSSE, FL 32658Title: D () Delete
Name: PHILLIPS, ANTHONY
Address: 7202 W SR 235
City-St-Zip: LACROSSE, FL 32658Title: D () Delete
Name: THOMAS, SHIRLEY D
Address: 2213 N.E. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609Title: T () Delete
Name: JOHNSON, AUTHENIA
Address: 1210 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32609Title: T () Delete
Name: MOZELL, SARAH
Address: 7202 W SR 235
City-St-Zip: LACROSSE, FL 32658**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: THOMAS, SHIRLEY D
Address: 2213 N.E. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609Title: S (X) Change () Addition
Name: JOHNSON, AUTHENIA
Address: 1210 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32609Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANICE E PHILLIPS

D

05/25/2004

Electronic Signature of Signing Officer or Director

Date