2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000005796

Entity Name: LATTER RAIN MINISTRIES, INC

Current Principal Place of Business:

2140 N.E. 2ND ST.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 5665
GAINESVILLE, FL 32627

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOMAS, SHIRLEY
2140 NE 2ND STREET
GAINESVILLE, FL 32609 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: PHILLIPS, JANICE E
Address: PO BOX 290
City-St-Zip: LACROSSE, FL 32658

Title: T ( ) Delete
Name: THOMAS, SHIRLEY
Address: 2213 N.E. 7TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: S ( ) Delete
Name: JOHNSON, SHAMEKA
Address: 1210 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

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:

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: SHAMEKA THOMAS S 04/30/2008

Electronic Signature of Signing Officer or Director — Date