

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003842

1. Entity Name
GOSPEL ASSEMBLY OF LATTER RAIN, INC.



Principal Place of Business
1635 COMMERCIAL DRIVE
NAPLES, FL 34102 US

Mailing Address
1635 COMMERCIAL DRIVE
NAPLES, FL 34102 US



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1011965

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALUSMA, DIEUJUSTE
1635 COMMERCIAL DRIVE
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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)

3/22/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DALUSMA, DIEUJUSTE
STREET ADDRESS 1635 COMMERCIAL DRIVE
CITY-ST-ZIP NAPLES, FL 34102

TITLE VP
NAME PETILORD, EMILE
STREET ADDRESS 5419 23 RD CT SW
CITY-ST-ZIP NAPLES, FL 34116

TITLE T
NAME CEUS, MEDILHOMME
STREET ADDRESS 3610 7TH AVE SW
CITY-ST-ZIP NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000680268
04/03/07-80071-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/22/07 239-465-8107

DATE

Daytime Phone #