

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003842

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** GOSPEL ASSEMBLY OF LATTER RAIN, INC.

**Current Principal Place of Business:**

5419 23RD COURT SW  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

5419 23RD COURT SW  
NAPLES, FL 34116 US

**New Mailing Address:**

FEI Number: 20-1011965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

DALUSMA, DIEJUSTE  
5419 23RD COURT SW  
NAPLES, FL 34116 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DALUSMA, DIEJUSTE  
Address: 5419 23RD COURT SW  
City-St-Zip: NAPLES, FL 34116 US

Title: VP ( ) Delete  
Name: PETILORD, EMILE  
Address: 5419 23RD CT SW  
City-St-Zip: NAPLES, FL 34116 US

Title: T ( ) Delete  
Name: CEUS, MEDILHOMME  
Address: 3610 7TH AVE SW  
City-St-Zip: NAPLES, FL 34117 US

**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: DALUSMA, DIEJUSTE

P

07/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date