

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004159

FILED
Feb 17, 2008
Secretary of State

Entity Name: RIVERS OF LATTER RAIN, INC.

Current Principal Place of Business:

617 N. KLEVIN SUITE #4
ANCHORAGE, AK 99508

New Principal Place of Business:

3205 S. UNIVERSITY ROAD #116
SPOKANE VALLEY, WA 99206

Current Mailing Address:

P.O. BOX 111693
ANCHORAGE, AK 99511

New Mailing Address:

3205 S. UNIVERSITY ROAD #116
SPOKANE VALLEY, WA 99206

FEI Number: 13-4224521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, BRINDA
617 N. KLEVIN #4
ANCHORAGE, AK, FL 99508 US

Name and Address of New Registered Agent:

PATTERSON, BRINDA
3250 S. UNIVERSITY ROAD #116
SPOKANE VALLEY, WA, FL 99206 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:

02/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PATTERSON, BRINDA
Address: P.O. BOX 111693
City-St-Zip: ANCHORAGE, AK 99511 US

Title: D () Delete
Name: LANTZ, DAVID
Address: P.O. BOX 111693
City-St-Zip: ANCHORAGE, AK 99511 US

Title: D () Delete
Name: MILSTEAD, MARILYN
Address: 20840 TWP 293
City-St-Zip: DEXTER CITY, OH 45727

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: PATTERSON, BRINDA
Address: 3205 S. UNIVERSITY ROAD #116
City-St-Zip: SPOKANE VALLEY, WA 99206 US

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: BRINDA PATTERSON

ED

02/17/2008

Electronic Signature of Signing Officer or Director

Date