

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28940 (7)
1. Corporation Name
APOSTOLIC LATTER RAIN CHURCH OF JESUS, INC.



Principal Place of Business Mailing Address
%DARNEL MACK
630 NE 40TH STREET
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified **10/20/1988** 3a. Date of Last Report **02/27/1995**
4. FEI Number **65-0122675** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. **DARNEL MACK** 26. **DARNEL MACK**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **630 N.E. 40th St** 27. **630 N.E. 40th St**
City & State City & State
23. **Pompano Beach FL 33064** 28. **Pompano Beach FL**
Zip Country Zip Country
24. **33064** 25. **Florida** 29. **33064** 30. **Florida**

9. Name and Address of Current Registered Agent

MACK, DARNEL
630 NE 40TH STREET
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DARNEL MACK** **Darnel Mack** **1-17-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MACK, DARNEL	
STREET ADDRESS	630 NE 40TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	DV	☐ DELETE
NAME	MILLER, JOHNNY	
STREET ADDRESS	1411 NW 33RD WAY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	CAMPBELL, NINA	
STREET ADDRESS	2490 NW 16TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	HILL, JOHNNIE M. (ASST.)	
STREET ADDRESS	3880 NW 5TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DT	☐ DELETE
NAME	BRYANT, CLINTON	
STREET ADDRESS	400 NW 19TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	MACK, CHARLIE	
STREET ADDRESS	1681 N.W. 2ND AVE.	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DARNEL MACK** **Darnel Mack** **1-17-96** **#954**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # **730-8775**

CR2E037 (12/95)