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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28940**

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

2. Principal Place of Business 21 2230 N.W. 22nd St. Suite, Apt. #, etc. 22 City & State 23 Ft. Laud. Fl. Zip / Country 24 33311 / 25 Broward	2a. Mailing Address 26 DARNEL MACK Suite, Apt. #, etc. 27 630 N.E. 40th St City & State 28 Pompano Bch. Fl. 33064 Zip / Country 29 / 30 Broward	3. Date Incorporated or Qualifed 10/20/1988 4. FEI Number 65-0122675 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MACK, DARNEL		1.2 NAME	
STREET ADDRESS	630 NE 40TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JAMES		2.2 NAME	
STREET ADDRESS	2910 N.W. 25TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, BETTY (ASST)		3.2 NAME	
STREET ADDRESS	1436 N.W. 6TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP	
TITLE	DS	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JOHNNIE M.		4. 2 NAME	Jennifer Wilson
STREET ADDRESS	4544 N.W. 3RD COURT		4.3 STREET ADDRESS	3821 N.W. 21 Street #110
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	Lauderdale Lakes FL. 33311
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MACK, ELAINE		5.2 NAME	
STREET ADDRESS	630 NE 40TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MACK, CHARLIE		6.2 NAME	
STREET ADDRESS	1681 N.W. 2ND AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		6.4 CITY-ST-ZIP	

CR2E037 (1/1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: D SIGNATURE REQUIRED 1-7-99 954-730-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #