

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003594

FILED  
Mar 23, 2007  
Secretary of State

**Entity Name:** THE CHURCH OF THE LATTER RAIN, INC.

**Current Principal Place of Business:**

1020 SOUTH DIXIE HIGHWAY  
1020  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 491  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

**FEI Number:** 65-0838270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POGNON, PIERRE B REV  
422 S B STREET  
APT B5  
LAKE WORTH, FL 33460 US

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

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: DP ( ) Delete  
Name: POGNON, PIERRE B PASTOR  
Address: 422 S B STREET APT B5  
City-St-Zip: LAKE WORTH, FL 33460

Title: DV ( ) Delete  
Name: POGNON, REMONDE A PASTOR  
Address: 2528 10TH AVE N., #201-O  
City-St-Zip: LAKE WORTH, FL 33461

Title: STD ( ) Delete  
Name: FLORESTAL, SMITH  
Address: 120 SW 2ND AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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 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: PIERRE POGNON

P

03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date